Name in Full: Martha E Akehurst

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Mt. Washington (Town) Balto (County)

Date of death: 1908 (Year) June (Month) 3 (Day) — Age: 67 Years 9 Months 18 Days

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: House wife — Where Residing if not at place of death: Mt Washington

Married, Single or Widowed: Widow — Name of Wife or Husband: Charles Akehurst.

Father's Name: None — Father's Birthplace: Md

Mother's Maiden Name: ~~Unknown~~ Known — Mother's Birthplace: "

Name of person giving information: Mrs Akehurst — How related to deceased: Daughter

CAUSES OF DEATH

120

PHYSICIAN OR CORONER

Primary: Chronic Bright disease — How long: 18 months

Immediate: Exhaustion — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C H Butler M.D.

Address: Mt Washington

Accident or Suicide?

St. Marys Cemetery
Jun. 15 - 1908

A. J. Marshall
3539 Lall Road

Name in Full (Alvey) John Milton

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Clarksville (Town) Howard (County)

Date of death 1908 June (Month) 7 (Day) Age 37 (Years) Months Days

Sex Male Color or Race White Birthplace Maryland

Occupation Farmer Where Residing if not at place of death x

Married, Single or Widowed Married Name of Wife or Husband unk.

Father's Name unk Father's Birthplace unk

Mother's Maiden Name unk Mother's Birthplace unk

Name of person giving In formation — How related to deceased —

CAUSES OF DEATH

62

PHYSICIAN OR CORONER

Primary Locomotor Ataxia How long unk.

Immediate Exhaustion How long 10 days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. Percy Nabe

Address Clarksville, Md.

Accident or Suicide? No.

Name in Full: Ella Margaret Almony

CERTIFICATE OF DEATH

MARYLAND

Town: Ulili Hall | County: Balto

Died at: near

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1908	Month: June	Day: 7	Age: 3	Months: 2	Days: 2

Sex: Female | Color or Race: White | Birthplace: Maryland

Occupation: none | Where Residing if not at place of death: —

Married, Single or Widowed: single | Name of Wife or Husband: none

Father's Name: Stanley S. Almony | Father's Birthplace: Md

Mother's Maiden Name: Bettie Almony | Mother's Birthplace: Md

Name of person giving information: Stanley S. Almony | How related to deceased: Father

CAUSES OF DEATH

7

PHYSICIAN OR CORONER

Primary: Scarlet Fever & Diphtheria | How long: 2 weeks

Immediate: Bronchial Pneumonia | How long: 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Millard Stirling

Address: Shane, Md

Accident or Suicide?

Name in Full: Mary Elizabeth Anderson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Towson — (County): Baltimore

Date of death: 1908 — Month: 6 — Day: 1 — Age: Years 69 — Months 9 — Days 14

Sex: female — Color or Race: White — Birthplace: Maryland

Occupation: None — Where Residing if not at place of death: Towson

Married, Single or Widowed: Widowed — Name of Wife or Husband: James M. Anderson

Father's Name: Aaron Sparks — Father's Birthplace: Maryland

Mother's Maiden Name: Elizabeth Sparks — Mother's Birthplace: Maryland

Name of person giving information: Mrs McComas — How related to deceased: daughter

64

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy or — How long: immediate

Immediate: Angina Pectoris — How long: full dead

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. C. Massenburg MD

Address: Towson

Accident or Suicide?

Name in Full: Charles M. Bocau

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Catonsville (County): Baltimore

Date of death: 1908 (Month): June (Day): 18

Age (Years): 18 (Months): — (Days): —

Sex: Male

Color or Race: Colored

Birthplace: Maryland

Occupation: Laborer

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Israel Bocau

Father's Birthplace: Maryland

Mother's Maiden Name: Elizabeth Brown

Mother's Birthplace: Maryland

Name of person giving In formation: John H. M. Brown

How related to deceased: Step Father

CAUSES OF DEATH

1

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 4 weeks

Immediate: Toxaemia — How long: One week.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Arthur H. Mann.

Address: Catonsville, Md.

Accident or Suicide?

Name in Full: Mrs Katie J. Baker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Monkton County: Balto.

Date of death 190 8 Month: June Day: 21 Years: 34 Months: Days:

Sex: Female. Color or Race: White Birthplace: Balto Md.

Occupation: Housewife Where Residing if not at place of death:

Married, Single ~~or Widowed~~ Name of Wife or Husband: Charles H. Baker

Father's Name: John Merryman Father's Birthplace: Md.

Mother's Maiden Name: Margaret Bull Mother's Birthplace: Md.

Name of person giving In formation: Charles H Baker How related to deceased: Husband.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

121

PHYSICIAN OR CORONER

Primary: Abscess of Kidney How long: 1 yr.

Immediate: Septicaemia How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. Ross Payne

Address: Corbett Md.

Accident or Suicide? no.

Name in Full: Emily Frances Bandell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Goranstown — County: Baltimore

Date of death 1908 — Month: June — Day: 3 — Years: 80 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: unknown

Occupation: — Where Residing if not at place of death: Goranstown Md

~~Married, Single~~ or Widowed — Name of Wife or Husband: Samuel T. Bandell

Father's Name: Wm O. Keener — Father's Birthplace: unknown

Mother's Maiden Name: Elizabeth Jarr — Mother's Birthplace: unknown

Name of person giving In formation: Gus. Bandell — How related to deceased: Son

154

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age — How long:

Immediate: Heart facture — How long: 5 days

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: E. M. Duncan

Address: Goranstown Md

Filed 6-10-08

~~Accident or Suicide?~~

W Maurice Rouston
Greene & Sarcoyn Hts

Tudor Park Cemetery

Name in Full: Mary Jennie Baughart

CERTIFICATE OF DEATH

MARYLAND

Died at: Ruppel Court, Town: Howard Park, County: Baltimore

Date of death	Month	Day	Age	Years	Months	Days
1908	June	25		55	11	22

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female

Color or Race: White

Birthplace: New Jersey

Occupation: Housewife

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Andrew B. Baughart

Father's Name: David J. Brittain

Father's Birthplace: Unknown

Mother's Maiden Name: Mary Moore

Mother's Birthplace: New Jersey

Name of person giving information: Andrew B. Baughart

How related to deceased: Husband

79

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Organic Heart-Disease — How long: Many years

Immediate: Asthenia — How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

~~Signature of Physician~~ Frederick L. Pakendorf

Address: Coroner

Accident or Suicide?

Baltimore County

Joseph Syfer.

Windlann Cemetery

Name in Full: Lizzie Bayer

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Towson

County: Balto.

Date of death 1908 Month: June Day: 4

Age Years: 35 Months: — Days: —

Sex: Female

Color or Race: Col

Birthplace: Md

Occupation: Housework

Where Residing if not at place of death: Towson

~~Married, Single or Widow(er)~~

~~Name of Wife or Husband~~

Father's Name: Chas. Bayer

Father's Birthplace: Md.

Mother's Maiden Name: Louise Bayer

Mother's Birthplace: Md.

Name of person giving information: Chas. Bullard

How related to deceased: Brother-in-Law

120

CAUSES OF DEATH

Primary: Chronic Bright's disease — How long: 3 yrs

Immediate: Cardiac Asthma — How long: 48 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Royston Gunn

Address: Towson Md.

~~Accident or Suicide?~~

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

R St Elliott

Sandy Boutton

Security

Name in Full: Anna M. Beil

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) 1206 Aisquith St (County) 12th Ward Baltimore

Date of death 190 (Month) June (Day) 11 Age (Years) 55 (Months) 2 (Days) 5

Sex: Female Color or Race: White Birthplace: Frankenberg Germany

Occupation: Grocer Where Residing if not at place of death: —

Married, Single or Widowed: Widow Name of Wife or Husband: Widow of John Jacob Beil

Father's Name: Unknown Father's Birthplace: Germany

Mother's Maiden Name: Anna M. Sauer Mother's Birthplace: Germany

Name of person giving In formation: Son Wm J. Beil How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

Primary: Phthisis Pulmonalis How long: 6 months

Immediate: Exhaustion & Inanition How long: — — —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Alfred A. Bondrickson M.D.

Address: 1806 E. Baltimore St. Baltimore

Accident or Suicide? No

PHYSICIAN OR CORONER

Undertaker,

J. C. Schulz & Son.
3515 E. Balto St.

Oak Grove
Cemetery.
June 14/08.

Name in Full: Mary T. Bennett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown County: Balto.

Date of death 1908 Month: June Day: 4th Age: Years: 70 Months: Days:

Sex: Female Color or Race: White Birthplace: Md.

Occupation: None Where Residing if not at place of death:

Married, Single or Widowed: Widow Name of Wife or Husband: Geo. B. Bennett

Father's Name: Eben Hurtt. Father's Birthplace: Md.

Mother's Maiden Name: Millie Marine Mother's Birthplace: " "

Name of person giving information: Fletcher M. Bennett How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

154

Primary: Infirmities of old age. How long:

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos. H. Magness M.D.

Address: 1516 East Baltimore St Baltimore

Accident or Suicide?

PHYSICIAN OR CORONER

Mount Carmel Cemetery

June 6th 1908

Lilly & Beiler

Undertakers

Name in Full: Sarah Elizabeth Bentelspacher

CERTIFICATE OF DEATH

MARYLAND

Died at St. Agnes Hosp. Town; Baltimore County

Date of death 1908 Month: June Day: 1st

Age: Years 61 Months 10 Days 28

Sex: Female

Color or Race: White

Birthplace: Md.

Occupation: Housework

Where Residing if not at place of death: 1604 Cole St.

Married, ~~Single or Widowed~~: M.

Name ~~of Wife or~~ Husband: George E. Bentelspacher.

Father's Name: Eli G. Woolfenden

Father's Birthplace: England

Mother's Maiden Name: Sarah E. Bailey

Mother's Birthplace: Maryland

Name of person giving In formation: Wm E. Bentelspacher

How related to deceased: son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

56

Primary: Alcoholism -

How long: Sometime (?)

Immediate: Uremia - (Small granular kidney)

How long: 1 week.

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Paul Preble

Address: St Agnes Hospital.

(Fracture femur)

Accident ~~or Suicide~~?

PHYSICIAN OR CORONER

Name in Full: Louisa Beyer

CERTIFICATE OF DEATH

MARYLAND

Died at: Woodlawn (Town) — Belt (County)

Date of death: 1908 June (Month) 28 (Day)

Age: 17 Years 8 Months — Days

Sex: Female

Color or Race: white

Birthplace: Baltimore

Occupation: —

Where Residing if not at place of death: Woodlawn Md.

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: John Beyer

Father's Birthplace: Germany

Mother's Maiden Name: Johanna Pelz

Mother's Birthplace: Germany

Name of person giving In formation: Andrew Kroeger

How related to deceased: Brotherinlaw

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

Primary: Pulmonary Tuberculosis — How long: 1 year

Immediate: Cardiac Arythmia — How long: 1 day

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. C. Smith

Address: Woodlawn Sta. Md.

Accident or Suicide? —

Joseph Jordens & Son
St. Paul's Cemetery.

Name in Full: Joseph Black

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Randallstown — County: Baltimore

Date of death: 1908 — Month: June — Day: 27 — Age: Years: 77 — Months: 8 — Days: 16

Sex: Male — Color or Race: White — Birthplace: Balto Co Md.

Occupation: Farmer — Where Residing if not at place of death: Randallstown

Married, Single or Widowed: Married — Name of Wife or Husband: Sarah E Black

Father's Name: Joseph Black — Father's Birthplace: Balto Co

Mother's Maiden Name: Jane Cooke — Mother's Birthplace: Balto Co

Name of person giving Information: John Black — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

79

Primary: Aortic Regurgitation — How long: 4 months

Immediate: Asthenia — How long: 2 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm E Bryant MD

Address: Roslyn Balto Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Catherine Agnes Bock

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Rosedale County: Balto

Date of death 1908 Month: Jun Day: 29.

Age Years: Months: 3 Days:

Sex: Female Color or Race: White Birthplace: Md

Occupation: Gr Nr Where Residing if not at place of death: —

~~Married~~, Single ~~or Widowed~~ ~~Name of~~ Wife or Husband

Father's Name: Georg Bock Father's Birthplace: Md

Mother's Maiden Name: Louisa Bennmeler Mother's Birthplace: Md

Name of person giving In formation: Geo Bock How related to deceased: Father

CAUSES OF DEATH 105

PHYSICIAN OR CORONER

Primary: Chol Infantum How long: 24 hour

Immediate: Exhaustion How long: 24 hour

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J C Schofield

Address: 1400 Forest Av

~~Accident~~ or Suicide?

Name in Full: Not named "Still Born" Bollinger

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Rixton — County: Baltimore

Date of death 1908 — Month: June — Day: 22 — Age: Still born — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Rixton

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Robert Bollinger — Father's Birthplace: Ireland Md

Mother's Maiden Name: Mollie Burns — Mother's Birthplace: Rider, Md

Name of person giving information: Robert Bollinger — How related to deceased: Father

S

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Complications of labor — How long: Fortnight

Immediate: asphyxiation — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. L. Smith

Address: Rider, Md.

Accident or Suicide? —

John Burns Sons
Towson

Mayes Cemetery
Baltimore Co.
Md.

Name in Full: Jas. Leonard Bosley

CERTIFICATE OF DEATH

MARYLAND

Died at: Berlin (Town) — Worc (County)

Date of death 1908	Month	Day	Age	Years	Months	Days
	6	9		9	—	—

Sex: Male — Color or Race: white — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jas. Emory Bosley — Father's Birthplace: Md

Mother's Maiden Name: Delia Brown — Mother's Birthplace: Md

Name of person giving Information: Milton Benson — How related to deceased: none

119

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Nephritis — How long: —

Immediate: Uremic Convulsions — How long: about a week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jas. H. Wilson

Address: Fawlesburg Md

Accident or Suicide?

Name in Full: Arsena Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: N. Roland Park — County: Baltimore Co

Date of death 1908: Month: June — Day: 29. — Age: Years: 38 yrs — Months: — Days: —

Sex: female — Color or Race: Afro-Amer. — Birthplace: Baltimore Co

Occupation: Housekeeping — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: Benj. H. Brown

Father's Name: Edward N. Scott — Father's Birthplace: Md

Mother's Maiden Name: Henrietta Jackins — Mother's Birthplace: Md

Name of person giving information: Benj H. Brown — How related to deceased: Husband

43

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of L. Breast — How long: 24 mos.

Immediate: Exhaustion & liver involvement — How long: 6 wks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D. Paul Scott

Address: 3324 W. Biddle st

Accident or Suicide?

Laurel Cemetery
July 1 1908
N. S. Marshall
3539 Fall Road

Name in Full: August Brune

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown; County: Balto.

Date of death: 1908; Month: June; Day: 17; Age: Years: 23; Months: 8; Days: 17

Sex: Male; Color or Race: White; Birthplace: Balto. City

Occupation: Laborer; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Edna Brune

Father's Name: Peter Brune; Father's Birthplace: Balto Md.

Mother's Maiden Name: Elizabeth Beatin; Mother's Birthplace: Balto Md.

Name of person giving In formation: Elizabeth Beatin; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

Primary: Acute Pulmonary; How long: 3 to 4 mos

Immediate: Cardiac asthenia; How long: 1 wk.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: W. E. McClanahan M.D.

Address: 618 S. Clinton St.

Accident or Suicide?

PHYSICIAN OR CORONER

Lilly and Zeiler
Undertakers
June 20th
Oak Lawn Cemetery

Name in Full: Mrs. Elizabeth Rogers Burger

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Roland Park (Town) Baltimore Co. (County)

Date of death: 1908 Month: 6 Day: 10 Age: Years: 33 Months: — Days: —

Sex: F Color or Race: White Birthplace: Md

Occupation: Wife Where Residing if not at place of death:

Married, Single, or Widowed: Name of Wife or Husband: Louis J. Burger

Father's Name: Hamer W. Perry Father's Birthplace: Md

Mother's Maiden Name: Josephine A. Rogers Mother's Birthplace: Md

Name of person giving information: Husband How related to deceased: Burger

CAUSES OF DEATH

79

PHYSICIAN OR CORONER

Primary: Valvular Disease of Heart How long: 30 yrs

Immediate: Myocarditis How long: weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Henry F. Cassidy

Address: Roland Park, Md.

Accident or Suicide?

London Park

Joe B Cook

Funeral Director

Name in Full: Sarah Jane Burns

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Towland (Town) — County: Baltimore

Date of death: 1908 — Month: June — Day: 21 — Years: 67 — Months: 8 — Days: 5

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband: Burns

Father's Name: John Taylor — Father's Birthplace: Md

Mother's Maiden Name: Ann Tracy — Mother's Birthplace: Md

Name of person giving information: Frank J. Burns — How related to deceased: Son

CAUSES OF DEATH

120

PHYSICIAN OR CORONER

Primary: Nephritis — How long: 1 yr.

Immediate: Heart failure — How long: 30 minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jos. D. Baldwin

Address: Towson, Md.

Accident or Suicide?

Name in Full: Joseph Bunsicky

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Abbottstown; County: Adams

Date of death 190 8: Month: June; Day: 9; Years: —; Months: —; Days: —

Age

Sex: Male; Color or Race: White; Birthplace: Md

Married, Single or Widowed; Occupation:

Name of Wife or Husband:

Father's Name: Joseph Bunsicky; Father's Birthplace: Md

Mother's Maiden Name: Lizzie Steller; Mother's Birthplace: Md

Name of person giving information: S; How related to deceased:

CAUSES OF DEATH

Primary: Stiles Bright; How long:

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E. Duncan

Address: Abbottstown Pa

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Entombment
St Peters
Cemit
Belair Road
Geo. W. Gramm
undertaker

Name in Full Mrs Louisa Butzelsky

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Monument Home (Town) Baltimore (County)

Date of death 1908	Month	Day	Age	Years	Months	Days
	June	25		59	8	—

Sex Female | Color or Race White | Birthplace Germany

Occupation Prop. Hotel | Where Residing if not at place of death

~~Married, Single~~ or Widowed | Name of Wife or Husband John H. Butzelsky

Father's Name John Lang | Father's Birthplace Germany

Mother's Maiden Name Caroline Maddinger | Mother's Birthplace Germany

Name of person giving In formation John H. Butzelsky | How related to deceased Son

CAUSES OF DEATH

27

PHYSICIAN OR CORONER

Primary Diabetes Mellitus | How long 8 years

Immediate Phthisis Pulmonalis | How long 8 months.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Francis C. Elliott M.D.

Address Spring Point Md.

~~Accident or Suicide?~~

H. Sander Sons
Mt Carmel
June 28/08

Name in Full: William Byer

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Pikesville — County: Baltimore

Date of death: Month 6 — Day 13 — 1908

Age: Years 73 — Months — — Days —

Sex: Male — Color or Race: White — Birthplace: Germany

Occupation: Tinner — Where Residing if not at place of death: Pikesville

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Do not Know — Father's Birthplace: Do not Know

Mother's Maiden Name: Do not Know — Mother's Birthplace: Do not Know

Name of person giving information: H. H. Matheus — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

154

CAUSES OF DEATH

Primary: Senile Debility — How long: Some yrs

Immediate " " — How long " "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. P. C. Nyce

Address: Pikesville Md.

Accident or Suicide?

London Parks —
Jacob H Kraft,
4

Name in Full: Fannie C. Cadiz

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Catonsville — County: Baltimore

Date of death: 1908 — Month: June — Day: 1 — Age: 54 — Months: x — Days: x

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: Housewife — Where Residing if not at place of death: Md. Hosp. for Insane

Married, Single or Widowed: Married — Name of ~~Wife or~~ Husband: Charles H. Cadiz

Father's Name: John W. Gorsuch — Father's Birthplace: Baltimore

Mother's Maiden Name: Sarah M. Gorsuch — Mother's Birthplace: Baltimore

Name of person giving In formation: Hospital Records — How related to deceased:

CAUSES OF DEATH

73

PHYSICIAN OR CORONER

Primary: Choreic Insanity — How long: 10 years.

Immediate: Exhaustion — How long: 6 months

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. Percy Wade

Address: Catonsville, Md

Accident or Suicide? No.

Joseph Fordens
Ballerin Cemetery

Name in Full: Mildred Chalk

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Int Washington — County: Balt

Date of death: 1908 — Month: June — Day: 24 — Age: Years: — Months: 11 — Days:

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: X

Father's Name: Wm Chalk — Father's Birthplace: Md

Mother's Maiden Name: Annie Wenz — Mother's Birthplace: Md

Name of person giving information: Wm Chalk — How related to deceased: Father

167

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Falling in tub of Boiling Water — How long: Five minute

Immediate: Shock — How long: 3 1/2 hour

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A H Beeten M.D.

Address: Int Washington

Accident or Suicide? Accident

(Undertaker)
Horace Burgee
3631 Falls Road
Balto Md

Drude Rige

Name in Full: Cecilia Alonia Champagne -

CERTIFICATE OF DEATH

MARYLAND

Died at 4812 Town Pond Hughes Co. County Baltimore

Date of death 190 8	Month 6	Day 30	Age Years 64	Months 4	Days 28

Sex: Female | Color or Race: White | Birthplace: Baltimore -

Married, Single or Widowed: M. | Occupation: Housewife

Name of Wife or Husband: Alexander Champagne

Father's Name: William Smith | Father's Birthplace: Baltimore -

Mother's Maiden Name: Margaret Johnson | Mother's Birthplace: Baltimore

Name of person giving information: Alexander Champagne | How related to deceased: husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

74

Primary: Cerebellar Tumor | How long: 1 yr.

Immediate: Right sided hemiplegia following | How long: 7 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John R. Abercrombie

Address: 827 N Eutaw St

Accident or Suicide?

Good Samaritan Hospital

PHYSICIAN OR CORONER

Chas F. Evans
Cathedral Cemetery

Name in Full: Chas K. Charleston

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Mt Washington (Town) — Beet (County)

Date of death: 1908 — Month: 6 — Day: 2

Age: Years: ✓ — Months: — Days: 3

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: None — Where Residing if not at place of death: at home

Married, Single or Widowed: X — Name of Wife or Husband: X

Father's Name: Howard Charleston — Father's Birthplace: Born

Mother's Maiden Name: Anna Lasbes — Mother's Birthplace: Md

Name of person giving information: Howd Charleston — How related to deceased: Father

85

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Circumcision — How long: 24 hrs

Immediate: Shock due to Hemorrhage — How long: 10 hrs

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. H. Bertem M.D.

Address: Mt Washington

Accident or Suicide?

Druid Ridge Cemetery

June 4 - 1908

N. S. Marshall
3539 Falls Road

Name Mrs. Cornelia Anne Church

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Pusterstown (Town) Baltimore (County)

Date of death 1908 (Year) June (Month) 11 (Day) Age 68 (Years) 4 (Months) 11 (Days)

Sex Female Color or Race White Birthplace Baltimore City

Occupation House wife Where Residing if not at place of death Pusterstown

Married, Single or Widowed widowed Name of Wife or Husband Edward J Church deceased

Father's Name George Grape Father's Birthplace Baltimore

Mother's Maiden Name Charlotte Sanders Mother's Birthplace Baltimore

Name of person giving In formation Charlotte S. Church How related to deceased daughter

40

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary How long

Immediate Cancer of Stomach How long About 2 Months

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician James Gore M.D.

Address Pusterstown Md

~~Accident or Suicide~~?

Name in Full: Joseph G Hlavi (King)

CERTIFICATE OF DEATH

MARYLAND

Died on Pulaski Hwy near North Point Road, Town; Baltimore, County

Date of death 1908 June 4

Age 6 years 3 months about — Months — Days

Sex: Male

Color or Race: White

Birthplace: France

Occupation: Unknown

Where Residing if not at place of death: Homburg Farm

Married, Single or Widowed: Unknown

Name of Wife or Husband: Unknown

Father's Name: Unknown

Father's Birthplace: Unknown

Mother's Maiden Name: Unknown

Mother's Birthplace: Unknown

Name of person giving information: Frances Tapper

How related to deceased: Unknown

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

164

PHYSICIAN OR CORONER

Primary: Broken neck, as result from fall from loft of Cooper

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. Judge M.D.

Address: 3426 E Baltimore St

Accident or Suicide?

City Surgeon

June 21/08

Name in Full: Sarah J. Colhour

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mt Airy — County: Balto

Date of death 1908 — Month: June — Day: 6 — Age: Years 87 — Months 3 — Days 0

Sex: female — Color or Race: white — Birthplace: Md

Occupation: house wife — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Albert Colhour

Father's Name: Richard Stevens — Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Barnes — Mother's Birthplace: Md

Name of person giving information: Albert Colhour — How related to deceased: husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

Primary: Phthisis Pulmonalis — How long: 6 mos

Immediate: Cardiac asthma — How long: 36 hrs

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. S. M. Kieffer

Address: Morell Park

Accident or Suicide?

Western Cam

Wm Cook

Jos E Martin

Name in Full: John Connelly

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: St. Agnes Hospital — County: Baltimore

Date of death: 1908 — Month: June — Day: 18 — Years: 43 — Months: — Days:

Age

Sex: Male — Color or Race: White — Birthplace: Ireland

Occupation: Carpenter — Where Residing if not at place of death: St. Agnes Hospital

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Unknown — Father's Birthplace: Unknown

Mother's Maiden Name: Unknown — Mother's Birthplace: Unknown

Name of person giving information: John Lasch — How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

93

Primary: Mitral Stenosis and insufficiency — How long: 3 years

Immediate: Acute Lobar pneumonia — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. J. Landrock M.D.

Address: St. Agnes Hospital

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: John Cook

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Sweet Air — (County): Baltimore

Date of death: 1908 Month: June Day: 28 Age: Years 73 Months 10 Days 28

Sex: Male — Color or Race: White — Birthplace: Germany

Occupation: Farmer — Where Residing if not at place of death: ——

Married, Single or Widowed: Widowed — Name of Wife or Husband: Anna E. Cook, deceased

Father's Name: Jacob Cook — Father's Birthplace: Germany

Mother's Maiden Name: Unknown — Mother's Birthplace: Unknown

Name of person giving information: Bertha Cook — How related to deceased: Daughter

CAUSES OF DEATH

66

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 2 years

Immediate: Severe debility — How long: 3 months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John S. Green

Address: Gittings Md.

Accident or ~~Suicide?~~

l

Name in Full: Harry Nelson Cooper

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Mt Washington — County: Baltimore

Date of death 1908 — Month: June — Day: 17 — Years: 26 — Months: 3 — Days: 5

Sex: Male — Color or Race: white — Birthplace: Baltimore Co. Md

Occupation: Grocery Clerk — Where Residing if not at place of death: —

Married, Single or Widowed: Widower — Name of Wife or Husband: Ada May Green

Father's Name: Garrett D. Cooper Jr — Father's Birthplace: Balto Co Md

Mother's Maiden Name: Annie Slade — Mother's Birthplace: Balto Co Md

Name of person giving information: Ernest Cooper — How related to deceased: brother

CAUSES OF DEATH

27

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 26 months

Immediate: Pulmonary Hemorrhage — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Kellam & Todd

Address: Mt Washington Md

Accident or Suicide?

Druid Ridge
June 1st 1908
A. S. Marshall
3639 Fall Road

Name in Full: Ida A. Corse

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Gardenville — County: Balto. Co. — MARYLAND

Date of death: Month: June — Day: 19 — Years: 58 — Months: — — Days: 8

Sex: Female — Color or Race: white — Birthplace: Balto.

Occupation: — Where Residing if not at place of death: Gardenville

Married, Single or Widowed: married — Name of Wife or Husband: Wm. J. Corse

Father's Name: John C. Craft. — Father's Birthplace: Phila. Pa.

Mother's Maiden Name: Maria Travers — Mother's Birthplace: Pa. —

Name of person giving In formation: Wm. J. Corse — How related to deceased: husband

CAUSES OF DEATH

66

PHYSICIAN OR CORONER

Primary: Hemiplegia — How long: 8 years

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. J. Kirby

Address: 110 E North Ave Baltimore Md.

Accident or Suicide?

E. Madison Mitchell
1201 W. Fayette St=
For Interment at
Friends Cemetery=

Name in Full: John Coughlin

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Mt. Washington — County: Baltimore

Date of death 1908	Month	Day	Years	Months	Days
	June	20	Age 12	—	

Sex: Male — Color or Race: White — Birth-place: Maryland

Occupation: Schoolboy — Where Residing if not at place of death: Mt. Henry Limits

~~Married, Single or Widowed~~ — Name of Wife or Husband: —

Father's Name: Thomas Coughlin — Father's Birthplace: Ireland

Mother's Maiden Name: — — Mother's Birthplace: Ireland

Name of person giving In formation: Thomas Coughlin — How related to deceased: Father

CAUSES OF DEATH

172

PHYSICIAN OR CORONER

Primary: Accidental drowning — How long: immediate

Immediate: Accidental drowning — How long: immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of ~~Physician~~ Coroner: H. Holliday Emich

Address: Arlington, Md.

Accident or Suicide? Accident — Coroner

John J Cowan.
Undertaker.
901 Hollin St.
St. Peters Cemetary

Name in Full: Joseph Ward Creager

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Rosemill — County: Balt

Date of death: 1908 — Month: June — Day: 5 — Age — Years: 1 — Months: 6 — Days:

Sex: male — Color or Race: white — Birthplace: Md

Occupation: Child — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: John Creager — Father's Birthplace: Russia

Mother's Maiden Name: Annie M. Ford — Mother's Birthplace: Md

Name of person giving information: Edward Schunk — How related to deceased: none

CAUSES OF DEATH

167

PHYSICIAN OR CORONER

Primary: Burn of arm — How long: 2 days

Immediate: Collapse — How long: few hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John W. Hannon M.D.

Address: Middle River Md

Accident or Suicide? no

Name in Full: Catrine A. Crilley

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: ; County: Balto.

Date of death 1908 — Month: June; Day: 18; Years: 34; Months: ; Days:

Sex: Female; Color or Race: white; Birthplace: Md.

Occupation: Housekeeper; Where Residing if not at place of death:

Married, Single or Widowed: Widow; ~~Name of Widow~~ Husband: John. C. Crilley

Father's Name: James Hagan; Father's Birthplace: Md.

Mother's Maiden Name: Regina Streeper; Mother's Birthplace: Md.

Name of person giving Information: Joseph Hagan; How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

Primary: Tuberculosis Pulmonary; How long: 2 years

Immediate: " ; How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John S. Green,

Address: Gillings, Md.

Accident ~~or Suicide~~

PHYSICIAN OR CORONER

Name in Full: Eliza A. Cromwell.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hamilton — County: Baltimore

Date of death 1908 — Month: June — Day: 26 — Age: Years 77 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Baltimore

Occupation: Housewife — Where Residing if not at place of death: Hamilton

~~Married~~ or Widowed — Name of Wife or Husband: John. E. Cromwell

Father's Name: Major Vain — Father's Birthplace: Norfolk, Va

Mother's Maiden Name: Unknown. — Mother's Birthplace: Unknown

Name of person giving Information: Undertaker — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

64

PHYSICIAN OR CORONER

Primary: Cerebral hemorrhage — How long: 14 days

Immediate: Respiratory failure — How long: Few hours

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: G. G. Rusk

Address: 2000 E. Baltimore St

Baltimore

~~Accident or Suicide?~~

Name in Full: Alfred Edward Davis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Govans Creek; County: Balto

Date of death: 1908 Month: June Day: 21 Years: 30 Months: Days:

Age: 30

Sex: Male Color or Race: White Birthplace: unknown

Occupation: Clerk Where Residing if not at place of death: 729 8th St N.W. Washington D.C.

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: Unknown Father's Birthplace: Unknown

Mother's Maiden Name: Unknown Mother's Birthplace: Unknown

Name of person giving information: Anthony A. Sousa How related to deceased: —

CAUSES OF DEATH

172

PHYSICIAN OR CORONER

Primary: Accidental Drowning How long:

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. S. Sudler M.D. Govans

Address: 3326 E. Baltimore St

Accident ~~or Suicide~~

Wendell Oppel & Co.
3305 S. Bond St.

Shipped to
Washington D.C.
June 23rd/28.

Name in Full: Morris Dickman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Woodlawn — County: Baltimore

Date of death 1908 — Month: June — Day: 4th — Years: Age 25 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Russia

Occupation: Tailor (Retired 3 years) — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Tora

Father's Name: Harris Dickman — Father's Birthplace: Russia

Mother's Maiden Name: Rena Bowman — Mother's Birthplace: Russia

Name of person giving information: David R. Israel — How related to deceased: Brother-in-law

TO BE ANSWERED BY NEAREST FRIEND

27

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: 10 years

Immediate: "Asthenia" — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: Louis P. Hamburger

Address: 1210 Eutaw Place

Accident or Suicide? —

PHYSICIAN OR CORONER

Name in Full: Foot Hamet Darsey

CERTIFICATE OF DEATH

MARYLAND

Died at: Roslyn (Town) Balto Co (County)

Date of death: 1908 Month: January Day: 15

Age: Years: 2 Months: 2 Days: 8

Sex: Male

Color or Race: Black

Birthplace: Roslyn Balto Co

Occupation: Infant

Where Residing (if not at place of death): Roslyn

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Henry Darsey

Father's Birthplace: J & Mary A. Md

Mother's Maiden Name: Mary Coopk

Mother's Birthplace: Maryland

Name of person giving In formation: Henry Darsey

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

116

Primary: Pneumonia — How long: 4 days

Immediate: Lobar Pneumonia — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm Buppert

Address: Roslyn Balto Co Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Jacob H. Dorsey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Blockshire Road — County: Baltimore

Date of death: 1908 — Month: June — Day: 23 — Years: 17 — Months: — — Days: 23

Sex: Male — Color or Race: Colored — Birthplace: Baltimore County

Occupation: Barber — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: William Henry Dorsey — Father's Birthplace: Howard Co.

Mother's Maiden Name: Sarah E. Hall — Mother's Birthplace: Baltimore Co.

Name of person giving information: Sarah E. Hall — How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

172

Primary: — How long:

Immediate: Drowning — How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Henry B. Whitely

Address: Catonsville Md

Accident or Suicide? Accident

PHYSICIAN OR CORONER

Name in Full: 2 Still born infants (twins) Dowdy

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Sparrows Point — (County): Balto

Date of death: 1908 — Month: 6 — Day: 12 — Years: — Months: — Days: —

Sex: Female — Color or Race: Black — Birthplace: Sparrows Pt. Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Marshall Dowdy — Father's Birthplace: Virginia

Mother's Maiden Name: Virginia Marshall — Mother's Birthplace: Virginia

Name of person giving In formation: Marshall Dowdy — How related to deceased: Father

S

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still born — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: G. C. McCormick

Address: Sparrows Pt.

Accident or Suicide?

Name in Full: Fred S. Eckberg

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Colgate Creek — County: Balto

Date of death: Month: June — Day: 22 — 190 — Years: Months: Days:

Age: about 24

Sex: Male — Color or Race: White — Birthplace: Germ

Occupation: Clerk — Where Residing if not at place of death: 1432 N Charles St

~~Married~~, Single or ~~Widowed~~ — Name of Wife or Husband: Don't know

Father's Name: Don't know — Father's Birthplace:

Mother's Maiden Name: Don't know — Mother's Birthplace:

Name of person giving information: A.C. Smith — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

172

PHYSICIAN OR CORONER

Primary: Accidental Drowning — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. S. Cooper

Address: H. S. Fuller MD, 332 E. Balto St

Accident or Suicide?

Mrs. Leech

502 E North Ave

Interment Pa

Name in Full: Louis Ecker

CERTIFICATE OF DEATH

MARYLAND

Died at 312 S. 9th St. Town: Highlandtown County: Balto

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1908 Month: June Day: 27th Years: 5 Months: Days: 5

Sex: Male Color or Race: White Birthplace: Highlandtown

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: Harry H. Ecker Father's Birthplace: Balto City

Mother's Maiden Name: Ida V. Ecker Mother's Birthplace: " "

Name of person giving In formation: Harry H. Ecker How related to deceased: Father

CAUSES OF DEATH (8)

PHYSICIAN OR CORONER

Primary: Pertussis How long: 2 Wks

Immediate: Heart Failure How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. J. Sudlow

Address: 3326 E. Baltimore St.

Accident or ~~Suicide~~?

Mt Carmel Cem

J Herwig Jun

6/25/08

Name in Full: Thomas H Edwards

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Park Heights Ave — County: Baltimore

Date of death 1908 — Month: June — Day: 23 — Years: Age 86 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Kent Co

Occupation: Carpetsman — Where Residing if not at place of death: Park Heights Ave

Married, Single or Widowed: Widower — Name of Wife or Husband: Millitta Edwards

Father's Name: Emory G Edwards — Father's Birthplace: Kent Co

Mother's Maiden Name: Mary Cornarages — Mother's Birthplace: Unknown

Name of person giving Information: Harry W Edwards — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

169

PHYSICIAN OR CORONER

Primary: Heat Stroke — How long: 1 day

Immediate: Apoplexy — How long: half hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: N. W. Cox M.D.

Address: Arlington Md

Accident or Suicide?

Mrs Cook
502 E. North ave
Baltimore
Western Cemetery
June 26, 1908

Name in Full: John James Falk.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Winans — County: Baltimore

Date of death 1908 — Month: 6 — Day: 26 — Age: Years: no — Months: 1 — Days: 7

Sex: male — Color or Race: white — Birthplace: Mt Winans

Occupation: Infant — Where Residing if not at place of death: Mt Winans

Married, Single or Widowed: infant — Name of Wife or Husband: infant

Father's Name: John Falk — Father's Birthplace: Baltimore

Mother's Maiden Name: Minnie Elliott — Mother's Birthplace: Salisbury

Name of person giving In formation: Minnie Falk — How related to deceased: mother.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

105

Primary: Cholera Infantum — How long: 8 days.

Immediate: Convulsions. — How long: 6 hours.

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: R. W. Flanner

Address: Mt Winans Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Nicholas Fink
Cedar Hill

Name In Full: Ella Farrar

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: 301 2nd Ave Town: Canton County: Baltimore

Date of death 190 8 | Month: June | Day: 12 | Years: 19 | Months: 10 | Days: 17

Sex: Female | Color or Race: Colored | Birth place: Balto Co

Occupation: House Wife | Where Residing if not at place of death:

Married, Single or Widowed | Name of Wife or Husband: Thomas Farrar

Father's Name: William Milligan | Father's Birthplace: Balto Co

Mother's Maiden Name: Eliza Dorsey | Mother's Birthplace: Balto Co

Name of person giving In formation: Walter Milligan | How related to deceased: Brother

PHYSICIAN OR CORONER

CAUSES OF DEATH

27

Primary: Tuberculosis of Lungs & Intestines | How long: 2 years

Immediate: " " " | How long:

Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician: N. L. Rickards M.D.

Address: 910 S. Canton St. Baltimore

Accident or Suicide? No

Undertaker.
Alexander & Demeley
5-78 W. Broadway

Laurel Cemetery.

June 14/08

Name in Full: Hazel Melba Fisher

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Highlandtown County: Balto

Date of death: Month: June Day: 27 1908

Age: Years: — Months: 9 Days: 9

Sex: Female Color or Race: White Birthplace: Balto Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: James Fisher Father's Birthplace: Md

Mother's Maiden Name: Mary J. Brice Mother's Birthplace: Md

Name of person giving information: James Fisher How related to deceased: Farther

105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum How long: 24 hours

Immediate: Convulsions How long: 2 hours.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. C. Schofield

Address: 1400 First st.

Accident or Suicide?

Christian Miller
2334 Jefferson St.

Mt Carmel Cemetary
June 29/08

Name in Full: John P Florey.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Balto. County: Balto

Date of death: 1908 Month: 6 Day: 7 Age: 47 Years Months: 3 Days: 18

Sex: Male Color or Race: white Birthplace: Balto Md

Occupation: Jobbing Where Residing if not at place of death: Union Ave

~~Married~~ Single or Widowed: Single Name of Wife or Husband: —

Father's Name: Charles Florey Father's Birthplace: Germany

Mother's Maiden Name: Catherine Weller Mother's Birthplace: "

Name of person giving information: Chas Florey How related to deceased: Bro.

(Fall from fence) CAUSES OF DEATH 164

PHYSICIAN OR CORONER

Primary: Fracture dislocation 5th cervical vertebra How long: 8 days

Immediate: Hyperpyrexia - respiratory failure How long: 24 hours +

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Paul Preble

Address: St Agnes Hospital Balto. Md.

Accident ~~or Suicide~~? accident

Name in Full: Raymond Richard Ford -

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Ashland — County: Balto.

Date of death 1908 — Month: June — Day: 26 — Years: — Months: 1 — Days: 26

Sex: Male — Color or Race: White — Birthplace: Md -

Occupation: None — Where Residing if not at place of death: Ashland

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: John R. Ford — Father's Birthplace: Md

Mother's Maiden Name: Jennie Barrett — Mother's Birthplace: Md -

Name of person giving In formation: John R. Ford — How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Encephalocele (Congenital) — How long: From Birth -

Immediate: Meningitis — How long: 2 days -

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wilmer C. Ensor M.D.

Address: Cockeysville Md.

Accident or Suicide? No

To be buried June 27/08
at Poplar M. E. Church -
by John R. Ford (father

Name in Full: Lawrence N. Frederick

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Windsor Hills — County: Baltimore

Date of death 1908. Month: June Day: 3rd Age: Years 51 Months 0 Days 16

Sex: Male Color or Race: White Birthplace: Baltimore City

Occupation: Supt. Contract dept. W.S. Where Residing if not at place of death: 1328 Myrtle Ave. Baltimore City

Married (Single or Widowed): Married Name of Wife or Husband: Octavia Harding

Father's Name: Henry C. Frederick Father's Birthplace: Baltimore City

Mother's Maiden Name: Henrietta Norwood Mother's Birthplace: Baltimore City

Name of person giving In formation: William C. Harding How related to deceased: Brother-in-law.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

79

PHYSICIAN OR CORONER

Primary: Heart trouble How long: about 3 yrs.

Immediate: Heart failure How long: instantly

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician or Coroner: H. Holliday Emich

Address: Arlington, Md.

Dropped dead.

~~Accident or Suicide~~? Accident

Graham F. Packard
723 N Lafayette ave
Answer to Balto city
Madison 673 W.

Name in Full: G. E. Christian Frome

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Morrell Park — County: Balto

Date of death: Month: 6 — Day: 16 — 1908. Years: 77 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Germany

Occupation: Shoemaker — Where Residing if not at place of death: Morrell Park

Married, ~~Single or Widowed~~ — Name of Wife or Husband: Mrs. Anna Elizabeth Frome

Father's Name: Not Known — Father's Birthplace: Unknown

Mother's Maiden Name: Not Known — Mother's Birthplace: Not

Name of person giving information: Anna Elizabeth Frome — How related to deceased: Wife

120

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Interstitial Nephritis — How long: 4 mos.

Immediate: Uremia — How long: 36 hrs.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo. S. M. Kieffer

Address: Morrell Park, Balto Co Md

Accident or Suicide?

Jos B. Cook

Name in Full: Thomas. Fryfogle

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Randallstown County: Balto.

Date of death 1908 Month 6 Day 16 Age Years 78 Months Days

Sex Male Color or Race White Birthplace Balto Co Md.

Occupation Farmer Where Residing if not at place of death Randallstown Md

Married, ~~Single~~ or Widower Name of Wife or Husband

Father's Name John Fryfogle Father's Birthplace Balto Co Md

Mother's Maiden Name Mary Gordon Mother's Birthplace Md.

Name of person giving information W. Fryfogle How related to deceased Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

79

PHYSICIAN OR CORONER

Primary Aortic Regurgitation How long 1 Month

Immediate Asthenia How long 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Wm I Bupport

Address Roslyn Balto Co Md

Accident or Suicide? —

Name in Full: Maria Frieli

CERTIFICATE OF DEATH

MARYLAND

Died at: Hengleland (Town) Balto (County)

Date of death: 1908 | Month: 6 | Day: 12 | Age: Years 74 | Months — | Days —

Sex: Female | Color or Race: White | Birthplace: Germany

Occupation: Retired lady | Where Residing if not at place of death: 201 Pat Howard St.

~~Married, Single~~ or Widowed | Name of Wife or Husband: Gustofh. Frieli

Father's Name: Unknown | Father's Birthplace: —

Mother's Maiden Name: Unknown | Mother's Birthplace: —

Name of person giving In formation: Herman Frieli | How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

66

Primary: Rupture of blood vessel Head. | How long: —

Immediate: Hemiplegia | How long: 5 days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J C Schofield

Address: 1400 First St.

Accident or Suicide?

Indulgen.

Lewis ~~Hamman~~ Hamman
32 S. Broadway.

Mt. Carmel Cemetery
June 14/08.

Name in Full: Galloway, William

CERTIFICATE OF DEATH

MARYLAND

Died at: Cockonsville (Town) Baltimore (County)

Date of death: 1908 June 6

Age: 63 Years

Months

Days

Sex: Male

Color or Race: Colored

Birthplace: Maryland.

Occupation: Laborer

Where Residing if not at place of death: x

Married, Single or Widowed: Single

Name of Wife or Husband: x

Father's Name: unk

Father's Birthplace: unk.

Mother's Maiden Name: unk

Mother's Birthplace: unk.

Name of person giving information: —

How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

120

PHYSICIAN OR CORONER

Primary: Imbecility

How long: Life.

Immediate: Chronic Bright's Disease

How long: 2 mos.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Percy Wade

Address: Cockonsville, Md

Accident or Suicide? No.

Name in Full: Gannon, Bridget

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Clearsville (Town) Balto (County)

Date of death 1908 Month: June Day: 8 Age: Years 49 Months Days

Sex: Female Color or Race: White Birthplace: Ireland

Occupation: Cook Where Residing if not at place of death: x

Married, Single or Widowed: Single Name of Wife or Husband: x

Father's Name: John Gannon Father's Birthplace: Ireland

Mother's Maiden Name: Kate Gannon Mother's Birthplace: Ireland

Name of person giving information: Mary Dunn How related to deceased: Sister

CAUSES OF DEATH

120

PHYSICIAN OR CORONER

Primary: Terminal Dementia How long: 4 yrs

Immediate: Chronic Bright's Disease How long: 2 mos.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Percy Moore

Address: Clearsville, Md.

Accident or Suicide? No.

Albert H. Philbin
St. Mary's. Jonavstown

Name in Full: Catherine Gannon

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Mt Hope Retreat (Town) Baltimore (County)

Date of death: 1908 June (Month) 4th (Day) Age: 53 (Years) unknown (Months) unknown (Days)

Sex: Female Color or Race: White Birthplace: Scotland

Occupation: Religious Where Residing if not at place of death: Baltimore

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: not known Father's Birthplace: Not Known

Mother's Maiden Name: " " Mother's Birthplace: " "

Name of person giving information: Records Mt Hope Retreat How related to deceased: Not at all.

CAUSES OF DEATH

68

PHYSICIAN OR CORONER

Primary: Arterio Sclerosis How long: 5 or 6 yrs.

Immediate: Ex Chr. Mania How long: 5 or 6 yrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat

Accident or Suicide?

Name in Full: Sophia M. Geisendoffer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Pikesville — Town; Baltimore — County

Date of death 1908: Month: June; Day: 22; Age: Years: 67; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: House Keeper; Where Residing if not at place of death:

~~Married, Single or Widowed~~: Single; Name of Wife or Husband:

Father's Name: Justus Geisendoffer; Father's Birthplace: Germany

Mother's Maiden Name: Catharine Trichottz; Mother's Birthplace: Md

Name of person giving information: ; How related to deceased: Sister

27

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long: 3 yrs

Immediate: Exhaustion; How long: Several weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: St. Louis Taylor

Address: Pikesville Md

Accident or Suicide?

G. F. Walker
720 Wharf. ave
Interment at
Stone Chapel
June 24th 1908

Name in Full: Geo Wm Gerwig

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Monnt Park; County: Balto

Date of death 1908; Month: 6; Day: 28; Years: Age; Months: 3; Days: 16

Sex: Male; Color or Race: White; Birthplace: Monnt Park

Occupation:

Where Residing if not at place of death:

~~Married~~, Single or ~~Widowed~~:

Name of Wife or Husband:

Father's Name: Geo Washington Gerwig; Father's Birthplace: Balto

Mother's Maiden Name: Sarah L. Smith; Mother's Birthplace: Balto

Name of person giving In formation: Geo W Gerwig; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

105

Primary: Cholera Infantum; How long: 2 wks

Immediate: Inflammation; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. B. Hall

Address: Mt Winans

Accident or Suicide?

PHYSICIAN OR CORONER

Nicholas Fink
Western Cemetery

Name in Full: Ann Yearly Golder

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Towne (Town) — Baltimore (County)

Date of death 1908: June (Month) 16 (Day) — Age: Years 56, 9 Months, 9 Days

Sex: Female — Color or Race: White — Birthplace: Baltimore, Md.

Occupation: Invalid for years — Where Residing if not at place of death: Balto.

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Robert Calder — Father's Birthplace: Balto Md

Mother's Maiden Name: Mary L. Smith — Mother's Birthplace: Phila Pa

Name of person giving information: Richard Calder — How related to deceased: Brother

CAUSES OF DEATH

104

PHYSICIAN OR CORONER

Primary: Organic heart dis. — How long: Many years

Immediate: Acute Indigestion — How long: 24 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Geo. N. Roeting

Address: York Rd. Branch P.O. Sta 19. Balto Md

Accident or Suicide?

Geo J Smith Co

1008 W. Fayette

Landon Park Pa

Name in Full: Daniel Grelly

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sparrows Point; County: Balto.

Date of death: Month: June; Day: 13; 1908

Age: Years: 28; Months: 3; Days: 2

Sex: Male; Color or Race: White; Birthplace: Md.

Occupation: Blacksmith; Where Residing if not at place of death: Sparrows Point

Married, Single or Widowed: Married; Name of Wife or Husband: Catharine Kelly

Father's Name: Thomas Grelly; Father's Birthplace: Ireland

Mother's Maiden Name: Julia Flaherty; Mother's Birthplace: Ireland

Name of person giving information: Mrs Thos Brennyman; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

172

PHYSICIAN OR CORONER

Primary: [illegible]

Immediate: Drowning

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jos Blair M.D.

Address: Sparrows Point Md

Accident or Suicide: Accident

LIBRARY BUREAU A66616

Name in Full: Louisa J. Green

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Sparrows Point — County: Baltimore

Date of death 1908 — Month: June — Day: 12 — Years: 71 — Months: — Days: —

Sex: Female — Color or Race: Negro — Birthplace: Md.

Occupation: Housewife — Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~ — Name of Wife or Husband: John J. Green

Father's Name: Unknown — Father's Birthplace: Unknown

Mother's Maiden Name: Unknown — Mother's Birthplace: Unknown

Name of person giving information: J. J. Green — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

Primary: Phthisis Pulmonalis — How long: Several years

Immediate: Exhaustion — How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. C. Eldridge M.D.

Address: Sparrows Point Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Lilly Bustus

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mt. Winans — County: Balto

Date of death 1908 — Month: 6 — Day: 28 — Age: Years — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Mt Winans Md

Occupation: None — Where Residing if not at place of death: Mt Winans

Married, Single or Widowed: Infant — Name of Wife or Husband:

Father's Name: Harry Bustus — Father's Birthplace: Mt Winans Md

Mother's Maiden Name: Mary Fennox — Mother's Birthplace: St Marys Co. Md.

Name of person giving information: Mary Bustus — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

S

Primary: Malformation — How long: Unknown

Immediate: Still born — How long: Unknown

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: August W Miller, Coroner

Address: Mt. Winans Balto Co Md

Accident or Suicide?

PHYSICIAN OR CORONER

H. Ross.

Mt Auburn Cemetery

Name in Full: Mary Hall

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Howardville — County: Baltimore

Date of death: 1908 — Month: 5 — Day: 4 — Years: 52 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: England

Occupation: Nurse — Where Residing if not at place of death: Howardville

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Do not Know — Father's Birthplace: Do Not Know

Mother's Maiden Name: Do Not Know — Mother's Birthplace: Do Not Know

Name of person giving In formation: Ada West — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

104

Primary: Heart disease — How long: about 1 mon.

Immediate: Acute Indigestion — How long: about ½ hour

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: N. P. E. Mpn

Address: Pasadena Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Niagara Falls —
New York —

Jacob H. Kraft

Name in Full: Charles Hammelman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton; County: Balto

Date of death: Month: June; Day: 6th; Year: 1908

Age: Years: 23; Months: 11; Days: —

Sex: Male; Color or Race: White; Birthplace: Balto Co.

Occupation: Laborer; Where Residing if not at place of death: None Other Rec.

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Louis Hammelman; Father's Birthplace: Balto Co.

Mother's Maiden Name: Margaret Gensler; Mother's Birthplace: Balto Md.

Name of person giving In formation: Margaret Hammelman; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

Primary: Phthisis Pulmonalis; How long: 5 mos.

Immediate: Hemorrhage; How long: 8 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. J. McAvoy M.D.

Address: 839 S. Caulton St.

Accident or Suicide?

PHYSICIAN OR CORONER

Lilly + Zeiler
Undertakers
Holy Redeemer Cemetery
June 9th 1908

Name in Full: Joshua Hanna

CERTIFICATE OF DEATH

MARYLAND

Died at: Garrison (Town) — Balto (County)

Date of death: 1908 June 15 (Month, Day)

Age: Years 62 — Months — Days —

Sex: Male

Color or Race: White

Birthplace: Balto Co Md

Occupation: Farmer

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of Wife or Husband: Mary M. Hanna

Father's Name: Wm Hanna

Father's Birthplace: Baltimore Md

Mother's Maiden Name: Nancie Gosnell

Mother's Birthplace: Balto. Co. Md

Name of person giving information: Mary M. Hanna

How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

159

Primary: Suicide — How long: Immediate

Immediate: Gunshot wound of head — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. J. Coughlan, Acting Coroner

Address: Fullerville, Balto Co

[redacted] or Suicide?

E. D. Salley

Lutheran Cemetery

Name in Full: Hettie Hawkins

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Relay (Town) — Baltimore (County)

Date of death 1908: Month: June — Day: 8 — Age: Years: 40 — Months: — — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Ellicott City, Md.

Occupation: Waitress — Where Residing if not at place of death: Relay, Md.

Married, ~~Single or Widowed~~ — Name of Wife or Husband: Henry Hawkins

Father's Name: George Preston — Father's Birthplace: Maryland

Mother's Maiden Name: Unknown — Mother's Birthplace: Unknown

Name of person giving Information: Henry Hawkins — How related to deceased: Husband

27

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: about 1 year

Immediate: Exhaustion — How long: 2 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm R. Eareckson

Address: Elk Ridge, Md

~~Accident or Suicide?~~

Easton & vicinity

Howard County.

Name in Full: Ellenora S Hemmick

CERTIFICATE OF DEATH

MARYLAND

Died at: West Arlington (Town) Baltimore (County)

Date of death 1908: Month 6, Day 10

Age: Years 57, Months —, Days 11

Sex: Female

Color or Race: White

Birthplace: Balto. Md

Married, Single or Widowed: Married

Occupation: —

Name of Wife or Husband: George G Hemmick

Father's Name: Geo. H. Sanderson

Father's Birthplace: Balto, Md

Mother's Maiden Name: Emily J. Sanderson

Mother's Birthplace: do do

Name of person giving information: J. Cecil Smith

How related to deceased: Son-in-law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

Primary: Pulmonary Tuberculosis — How long: 1 Months

Immediate: Asphyxia — How long: 10 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Henry Russell

Address: Groveland Ave. West Arlington Md

Accident or Suicide? Neither

PHYSICIAN OR CORONER

Geo J Smith Co
1500 N. Fairfield
to London Penh
June 12-08

Name in Full: Mary Hessian

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Timonium; County: Balto.

Date of death 1908: Month: June; Day: 30

Age: Years: 78; Months: —; Days: —

Sex: Female; Color or Race: White; Birth-place: Ireland

Occupation: Housewife; Where Residing if not at place of death: Timonium

Married, Single or Widowed: Married; Name of Wife or Husband: Thomas Hessian

Father's Name: Thomas Maughlin; Father's Birthplace: Ireland.

Mother's Maiden Name: Catherine Maughlin; Mother's Birthplace: Ireland

Name of person giving information: Mrs Mary Kelley; How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

66

PHYSICIAN OR CORONER

Primary: Right Hemiplegia; How long: about 8 months

Immediate: did not see deceased in; How long: about 3 days

Are the name, age and place correctly given above? Yes

Signature of Physician: B. F. Busey M.D.

Address: Texas Md.

Accident or Suicide?

John H Burns Sr
Died on
Interment in
St. Joseph Cem.
Texas

Name in Full: Francis Hoare Jr

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Lauraville — County: Balt

Date of death 1908 — Month: June — Day: 28 — Age — Years: — Months: — Days: 1

Sex: Male — Color or Race: white — Birthplace: Lauraville

Occupation: — Where Residing if not at place of death: Lauraville

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Francis Hoare — Father's Birthplace: Md

Mother's Maiden Name: Victoria Hoare — Mother's Birthplace: "

Name of person giving Information: Francis Hoare — How related to deceased: father

S

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 8 months old 11 mths. Dead born — How long:

Immediate: Premature birth — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr. G. C. E. Vogler

Address: Hamilton Baltimore Md.

Accident or Suicide? no

Burial at Laurel Md
John Cook
Son E. Hartshorn

Name in Full: Joseph Hoburg

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Arlington (City): Balto. (County):

Date of death: 1908 Month: June Day: 11th Age: Years: 65 Months: — Days: —

Sex: Male Color or Race: White Birthplace: Balto Md

Occupation: Plumber Where Residing if not at place of death: Arlington Md

Married, Single or Widow(er): Name of Wife or Husband: Ruth A Hoburg

Father's Name: Joseph H. Hoburg Father's Birthplace: Germany

Mother's Maiden Name: Not Known Mother's Birthplace: Germany

Name of person giving information: Ruth A Hoburg How related to deceased: Wife

120

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis How long: Eighteen Mos

Immediate: Heart Exhaustion T Nephritis How long: One Month.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: C. B. Ensor M.D.

Address: Sta E. Arlington Md.

Accident or Suicide? NO

Baltic Century
June 14 - 1908 -
A. S. Marshall
35 39 Fall Road

Name in Full: Annie Hoff

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Canton, 226 N. 1st St. Town; Baltimore County

Date of death: 1905 June 9

Age: 23 Years; Months; Days

Sex: female

Color or Race: white

Birthplace: Baltimore Md

Occupation: none

Where Residing if not at place of death:

Married, ~~Single or Widowed~~

Name of Wife or Husband: Hoff

(over)

Father's Name: John Dunnigan

Father's Birthplace: Baltimore Md

Mother's Maiden Name: Mary Callahan

Mother's Birthplace: Baltimore Md

Name of person giving information: Francis Dunnigan

How related to deceased: Sister in law

CAUSES OF DEATH

27

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis

How long:

Immediate: Toxemia & Exhaustion

How long: abt 1 week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: [illegible]

Address: Canton & Baltimore Md

Accident or Suicide?

John K. Cowen.

Undertaker.

Sacred Heart Cemetery,

June 12th/1908.

Cowen: Steffi Undersigned de-
mented has a mark as witness
to his death and no one assis
to know what his name is.

Name in Full: Ella Hoshall.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Freelandville. County: Balto

Date of death 1908: Month: June. Day: 24. Age: Years: 56. Months: 9. Days: 10

Sex: Female. Color or Race: White. Birthplace: Md.

Occupation: House. Where Residing if not at place of death:

Married, Single or Widowed: Married. Name of Wife or Husband: M. Hoshall

Father's Name: Jno Miller. Father's Birthplace: Pa

Mother's Maiden Name: Mary Tyson. Mother's Birthplace: "

Name of person giving information: M. Hoshall. How related to deceased: Husband.

129

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Fibroid. How long: 5 mo.

Immediate: Heart Paralysis. How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. L. Yagle

Address: New Freedom, Pa.

Accident or Suicide?

Name in Full: Fanny Iler

CERTIFICATE OF DEATH

MARYLAND

Town: Pikesville | County: Balto

Died at

Date of death: 1908 | Month: June | Day: 15 | Years: 50 | Months: | Days:

Age

Sex: Female | Color or Race: Black | Birthplace: Glencoe Md.

Occupation: House wife | Where Residing if not at place of death:

Married, ~~Single or Widowed~~ | Name of ~~Wife~~ or Husband: John Iler

Father's Name: Robert McKelly | Father's Birthplace: Glencoe Md

Mother's Maiden Name: Louisa Cox | Mother's Birthplace: Balto. Co Md

Name of person giving information: John Iler | How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

79

Primary: Mitral regurgitation | How long: 3 years

Immediate: Dilatation of heart | How long: 8 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B. F. Thurman M.D.

Address: Glencoe Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Ella Jackson

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Catonsville (County): Baltimore

Date of death 1908 Month: June Day: 17

Age: Years — Months: 5 Days: 0

Sex: Female

Color or Race: Colored

Birthplace: Catonsville

Occupation: None

Where Residing if not at place of death:

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Marshall E. Jackson

Father's Birthplace: Howard Co

Mother's Maiden Name: Ella Jackson

Mother's Birthplace: Howard Co

Name of person giving information: Marshall E. Jackson

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

105

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 2 months

Immediate: Septic enteric infection — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. C. Smith

Address: Woodlawn Md

Accident or Suicide? —

Name in Full: Edward Tapp

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Gray Rock; County: Butte

Date of death: Month: June; Day: 24; 1908

Age: Years: 17; Months: 4; Days:

Sex: Male; Color or Race: White; Birthplace: Baltimore

Occupation: Helper; Where Residing if not at place of death: Turners Station

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Millard Tapp; Father's Birthplace: Baltimore

Mother's Maiden Name: Minnie Lightman; Mother's Birthplace: " "

Name of person giving Information: Mrs Elizabeth Lyon; How related to deceased: Aunt

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

172

Primary: Accidental Drowning; How long:

Immediate: ; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. J. Sudler M.D. Coroner

Address: 336 E. Bell St

Accident or Suicide?

PHYSICIAN OR CORONER

Wm. Nicholas
and Son.

Palapsco neck
no ~~[illegible]~~
Church Cemetery.

June 26/08.

Name in Full: Frederick C John

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Catonsville — County: Balto

Date of death: 1908 — Month: June — Day: 21st — Age: Years 53 — Months — — Days 9

Sex: Male — Color or Race: White — Birthplace: Baltimore

Occupation: Real Butcher — Where Residing if not at place of death: Frederick Road

Married, Single or Widowed: Married — Name of Wife or Husband: Louisa John

Father's Name: Adam John — Father's Birthplace: Germany

Mother's Maiden Name: Catherine John — Mother's Birthplace: "

Name of person giving information: Louise John — How related to deceased: Wife

78

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Myocarditis — How long

Immediate: Myocarditis x Alcoholism — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Adam F Perry M.D.

Address

Accident or Suicide? No

Name in Full (Johnson) Leora A

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Lutherville County: Baltimore

Date of death 1908 Month: June Day: 26 Age: Years 3 Months Days

Sex: Female Color or Race: Colored Birthplace: Maryland

Occupation: Domestic Where Residing if not at place of death: X

Married, Single or Widowed: Single Name of Wife or Husband: X

Father's Name: unk Father's Birthplace: unk

Mother's Maiden Name: unk Mother's Birthplace: unk

Name of person giving In formation: — How related to deceased: —

36

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congenital Syphilis How long: 2 yrs

Immediate: Exhaustion How long: 3 mos

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Percy Wade

Address: Lutherville, Md

Accident or Suicide? No

Name in Full: Lavinia Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Glencoe — County: Baltimore

Date of death: 1908 — Month: June — Day: 26 — Years: Unknown — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Balto. Co

Occupation: Unemployed — Where Residing if not at place of death: Hereford

Married, Single or Widowed: Widowed — Name of Wife or Husband: Henry Johnson

Father's Name: Isaac Harris — Father's Birthplace: Balto. Co.

Mother's Maiden Name: Unknown — Mother's Birthplace: Balto. Co.

Name of person giving information: Lydia Wilson — How related to deceased: Daughter in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

66

Primary: Paralysis — How long: 15 years

Immediate: Presumably second attack — How long: 5 or 6 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. R. Mitchell

Address: Monkton, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Carrie Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Edgemere — County: Baltimore

Date of death 1908: Month: June — Day: 13th — Age: Years: — Months: — Days: 6

Sex: Female — Color or Race: col — Birthplace: Edgemere

Occupation: — Where Residing if not at place of death: "

Married, Single or Widowed — Name of Wife or Husband: none

Father's Name: James Jones — Father's Birthplace: Va

Mother's Maiden Name: Annie Harris — Mother's Birthplace: Va

Name of person giving information: Annie Jones — How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

105

Primary: Gastro-enteritis — How long: 4 days

Immediate: convulsions — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. C. McCormick M.D.

Address: Sparrows Point Md.

Accident or Suicide? no

PHYSICIAN OR CORONER

Name in Full: Emmerth S. Joynes

CERTIFICATE OF DEATH

MARYLAND

Died at: Sparrows Point (Town) Bill. (County)

Date of death: 1908 Month: 6 Day: 27

Age: Years — Months: 3 Days: 24

Sex: Male

Color or Race: White

Birthplace: Va.

Occupation: —

Where Residing if not at place of death: Va.

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Emmerth S. Joynes

Father's Birthplace: Va.

Mother's Maiden Name: Kate Allen

Mother's Birthplace: Md.

Name of person giving In formation: Pat Allen

How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

105

Primary: Colitis — How long: 4 weeks

Immediate: Convulsions — How long: 3 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Mordecai M.D.

Address: Sparrows Point Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Richard Keily.

CERTIFICATE OF DEATH

MARYLAND

Died at: Baltimore — Town: St. Agnes' Hosp. — County: Baltimore

Date of death: 1908 — Month: 6 — Day: 19 — Years: 53 — Months: — — Days: —

Sex: male — Color or Race: White — Birthplace: Md.

Occupation: Stone cutter — Where Residing if not at place of death: 113 N. Green St.

~~Married~~, Single or ~~Widowed~~: Single — Name of Wife or Husband: —

Father's Name: not known — Father's Birthplace: —

Mother's Maiden Name: not known — Mother's Birthplace:

Name of person giving information: Richard Keily (deceased) — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

40

Primary: Carcinoma of oesophagus. — How long: about 1 year.

Immediate: Exhaustion - inanition. — How long: 3 weeks.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Paul Preble M.D.

Address: St Agnes Hospital Balto. Md.

Accident or Suicide? —

Name in Full: Margaret Kelly

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Spring Point; County: Baltimore

Date of death 1905: Month: June; Day: 11; Years: 1; Months: —; Days: 3

Sex: Female; Color or Race: White; Birthplace: Spring Point

Occupation: None; Where Residing if not at place of death:

~~Married~~, Single or ~~Widowed~~; Name of Wife or Husband:

Father's Name: Michael Kelly; Father's Birthplace: Pa

Mother's Maiden Name: Alice Jenkins; Mother's Birthplace: Scotland

Name of person giving information: Michael Kelly; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

93

Primary: Pneumonia; How long: 1 week

Immediate: Pneumonia; How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. C. Gladden M.D.

Address: Spring Point Md

~~Accident or Suicide?~~

PHYSICIAN OR CORONER

LIBRARY BUREAU ABBELE

Name in Full: Mary Jane Kelly

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Cockeysville — (County): Baltimore

Date of death 1908: Month: June — Day: 10 — Age: Years: 74 — Months: 4 — Days: 0

Sex: Female — Color or Race: White — Birthplace: Highland Md Harford Co.

Occupation: Housewife — Where Residing if not at place of death: —

~~Married, Single~~ or Widowed: Widow — Name ~~of Wife or~~ Husband: Jacob B. Kelly

Father's Name: William Allen — Father's Birthplace: Unknown

Mother's Maiden Name: Unknown — Mother's Birthplace: Unknown

Name of person giving In formation: George W Kelly — How related to deceased: Brother-in-law

104

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Gastritis — How long: 2 years

Immediate: Gastrabogia Paralysis Heart — How long: 30 hours

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: Dr W. H. Burdon

Address: Cockeysville Md

~~Accident or Suicide?~~

Intemano
Highland
Harford Co Md
Saturday 14th "

Passenger in charge
Wm H Kelly
Cockeysville
Md

N. C Brooks

Name in Full: William Kelly

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Sparrows Point (County) Balto.

Date of death: Month June, Day 13, Year 1908

Age: Years 16, Months 1, Days 10

Sex: Male

Color or Race: White

Birthplace: Md.

Occupation: None

Where Residing if not at place of death:

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: William Kelly

Father's Birthplace: Md.

Mother's Maiden Name: Margaret Hughes

Mother's Birthplace: Md.

Name of person giving information: Catherine K. Greely

How related to deceased: Sister

CAUSES OF DEATH

172

PHYSICIAN OR CORONER

Primary:

How long:

Immediate: Drowning

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jos Blair Jr. M.D.

Address: Sparrows Point Md

Accident or Suicide? Accident

Name in Full: Charles J. Kemp

CERTIFICATE OF DEATH

MARYLAND

Died at: Highlandtown (Town) Baltimore (County)

Date of death 190 8 Month: June Day: 23 Age: 67 Years Months: 6 Days:

Sex: Male Color or Race: White Birthplace: Germany

Occupation: Machinist & Pipe Fitter Where Residing if not at place of death: 408 S. Bouldin

Married, Single or Widowed: Married Name of Wife or Husband: Margaret Kemp

Father's Name: Martin Kemp Father's Birthplace: Germany

Mother's Maiden Name: Mary Brickin Mother's Birthplace: Germany

Name of person giving information: Antone Kemp How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

108

CAUSES OF DEATH

Primary: Strangulated Hernia How long: 2 days

Immediate: Peritonitis How long: 1 day.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. C. Thieme M.D.

Address: 3038 E. Balto. St. Balto. Md.

Accident or Suicide? No

PHYSICIAN OR CORONER

D. M. G. Flynn
42 E. West St.

Oak Grove
Cemetery
June 25/08

Name in Full: Mollie Kennedy

CERTIFICATE OF DEATH

MARYLAND

Died at: Mt Hope Retreat (Town) Baltimore (County)

Date of death 1908: Month: June; Day: 27th; Years: 65; Months: unknown; Days: unknown

Sex: Female; Color or Race: White; Birthplace: Ireland

Occupation: Seamstress; Where Residing if not at place of death: Baltimore

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: not known; Father's Birthplace: not known

Mother's Maiden Name: " "; Mother's Birthplace: " "

Name of person giving information: Rects Mt Hope Retreat; How related to deceased: not at all

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

68

Primary: Mania Acute; How long: 7 wks

Immediate: Ex - Cerebral Congest & Ex; How long: 2 wks

Are the name, age, sex, color, date and place correctly given above: yes

Signature of Physician: Frank J Flannery

Address: Mt Hope Retreat, Mt Hope Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Fredinck S. Klein.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Catonsville Md (County) Balto

Date of death 1908 Month June Day 10 Age Years 23 Months — Days

Sex Male Color or Race white, Birthplace Baltimore City

Occupation Bookkeeper. Where Residing if not at place of death Catonsville Md

Married, Single or Widowed Single Name of Wife or Husband — none,

Father's Name Henry W. Klein Father's Birthplace German

Mother's Maiden Name Anne Diekhauser Mother's Birthplace Switzerland

Name of person giving In formation Henry W. Klein How related to deceased Father,

CAUSES OF DEATH

27

PHYSICIAN OR CORONER

Primary Pulmonary Tuberculosis How long 18 mos.

Immediate asthenia How long 4 weeks

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Marshall B. West,

Address Catonsville, Md.

Accident or Suicide?

George A. Gerbig.
London Park.

Name in Full: Julia A. Lassell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Baltimore — (Park Heights Ave.) County:

Date of death 1908: Month: June; Day: 26; Age: Years: 61; Months: 11; Days: 26

Sex: Female; Color or Race: White; Birthplace: North Carolina

Married, Single or Widowed: Married; Occupation:

Name of ~~Wife or~~ Husband: Rev. Dr James T. Lassell

Father's Name: Thomas L. Sanderson; Father's Birthplace: North Carolina

Mother's Maiden Name: Mary Chamberlain; Mother's Birthplace: " "

Name of person giving information: P. S. Lassell.; How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

Primary: Pulmonary Tuberculosis; How long: 18 yrs.

Immediate: Acute dilatation of Heart — cancer; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Henry Lintteman M.D.

Address: 1118 Chas St.

Accident or Suicide? No.

~~PHYSICIAN~~ OR CORONER

LIBRARY BUREAU A98016

Geo J. Smith & Co

Druid Ridge Farm

and Pimlico road

and Lake Ave

Name in Full: Mrs. Nettie Kraus Laughlin

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Towson		(County) Baltimore,	
Date of death 1908	Month: June	Day: 8	Age: 24 years; Months: 4; Days: 24
Sex: Female	Color or Race: White,		Birthplace: Baltimore,
Occupation: Housewife,		Where Residing if not at place of death: Baltimore,	
Married, Single or Widowed: Married	Name of Wife or Husband: John R. Laughlin,		
Father's Name: Henry Kraus			Father's Birthplace: Balto.
Mother's Maiden Name: Kuhlman,			Mother's Birthplace:
Name of person giving information: John R Laughlin,			How related to deceased: Husband,

119

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Uraemia –	How long: 5 days
Immediate: Cardiac Exhaustion	How long:
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: Clarence D Harvey,
	Address: Shippers Hospital, Towson, Md.
Accident or Suicide? No.	

Oak Lawn Cemetery
J Herwig & Son
2008 Orleans St
6/8/08

Name in Full: Carl Laughrhr,

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Towson County: Baltimore Co.

Date of death: 1908 Month: June Day: 3

Age: Years: — Months: — Days: 1

Sex: Male, Color or Race: White, Birthplace: Towson

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Infant Name of Wife or Husband: —

Father's Name: John R. Laughrhr, Father's Birthplace: Balto.

Mother's Maiden Name: Nettie Krause Mother's Birthplace: Balto.

Name of person giving information: J R Laughrhr How related to deceased: father.

CAUSES OF DEATH

151

PHYSICIAN OR CORONER

Primary: Premature birth How long: —

Immediate: Inanition How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C B Farrar,

Address: Sheppard Pratt Hospital, Baltimore, Md.

Accident or Suicide? —

Oak Lawn Cemetery
J Herring & Son
Iowa Orleans Vt.
6/3/08

Name in Full: Patrick L. Lee (Col)

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Sparrow Point — County: Balto.

Date of death: 1908 June 20 — Age: Years 30, Months, Days

Sex: Male — Color or Race: Colored — Birthplace: Va.

Occupation: Laborer — Where Residing if not at place of death: Sparrows Point

Married, Single or Widowed: Married — Name of Wife or Husband: Louisa Lee

Father's Name: Unknown — Father's Birthplace: Va.

Mother's Maiden Name: Unknown — Mother's Birthplace: Va.

Name of person giving information: Louisa Lee — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

169

PHYSICIAN OR CORONER

Primary — How long

Immediate: Heat Prostration — How long: One hour

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jos Blair (corner)

Address: Sparrow Point Md

Accident or Suicide?

Name in Full: Elizabeth Lewin

Certificate of Death

Died at: Town: Governstown County: Baltimore MARYLAND

Date: 1908 Month: June Day: 10 | Age: Y. 73 M. 10 D. 0 | Native of: Balto Co. | Occupation: Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living: 6.

Husband of Wife: Thomas. Lewin

Father's Name: Jacob Fee. Mother's Name: Don't know.

154

Cause of Death: Primary: Senility Immediate: anemia

How long sick: 3 yr.

~~Accident, Suicide, Homicide~~

Reported by: H. C. Hoes MD

Address: Sta H (Govans) Balto, Md. (over)

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

~~Attended by Dr.~~ L. F. Phillips

of 1711 Maryland ave

~~Seen by Coroner~~ Buried at McKendrin

~~of~~ Church Cemetery Irvington Md

Information contained in this certificate received

~~from~~ Friday June 2 1908

~~of~~

Fathers birthplace — Unknown

Mother's birthplace — Unknown

Name in Full: Daisey Estella Lucas

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Arbutus (Town) — County: Baltimore

Date of death: 1908 — Month: June — Day: 26 — Age: Years 24 — Months 6 — Days

Sex: Female — Color or Race: White — Birthplace: Charles Co, Md.

Occupation: none — Where Residing if not at place of death: Arbutus - Md

Married, Single or Widowed: Single — Name of Wife or Husband: Single

Father's Name: Charles F. Lucas — Father's Birthplace: Chas. Co. Md

Mother's Maiden Name: Alice Maud Hicks — Mother's Birthplace: Chas Co. Md

Name of person giving information: Alice M. Lucas — How related to deceased: Mother

29

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intestinal Tuberculosis — How long: about 9 Mos.

Immediate: Exhaustion — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank H. Riehl

Address: Lansdowne Balto Co Md

Accident or Suicide?

Jos. B. Cook
Waldorf
Charles Co. Md.

Name in Full: Catherine Luckey

CERTIFICATE OF DEATH

MARYLAND

Died at: Monumental Road — Town; Baltimore — County

Date of death 1908 — Month: June; Day: 30; Age — Years: —; Months: —; Days: 4

Sex: Female; Color or Race: White; Birthplace: Balto. Md.

Occupation: None; Where Residing if not at place of death:

~~Married~~, Single or ~~Widowed~~; Name of Wife or Husband:

Father's Name: James Luckey; Father's Birthplace: Va

Mother's Maiden Name: Mary N. Geiser; Mother's Birthplace: Md.

Name of person giving information: Mrs Christian Ludwig; How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

72

PHYSICIAN OR CORONER

Primary: Trismus Neonatorum; How long: 24 hrs

Immediate: Exhaustion; How long: 12 hrs

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. C. Eldad M.D.

Address: Lynn & Pine St Md

~~Accident or Suicide?~~ —

Dr. McClandhan
Clinton near Porter Ave
Sacred Heart.

James Jackey—
Sacred Heart
Cemetery.—
July 1st/08—

Name in Full: Winfield Scott McComas

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: White Hall; County: Baltimore

Date of death: 1908 Month: June Day: 13 Years: 59 Months: Days:

Age: 59

Sex: Male Color or Race: White Birthplace: Balto. Co.

Occupation: Attorney at Law Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or Husband: Ella McComas

Father's Name: Nicholas McComas Father's Birthplace: Harford Co.

Mother's Maiden Name: Clarissa Bosley Mother's Birthplace: Balto. Co.

Name of person giving information: Thomas Collett How related to deceased: Friend

104

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease How long: one year.

Immediate: Acute Indigestion How long: 4 to 5 hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. R. Mitchell

Address: Monkton Md.

Accident or Suicide?

Name in Full: Thomas McDonough

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Barnes Point County: Md.

Date of death: Month 6 Day 9 1908

Age: Years — Months 3 Days 17

Sex: Male Color or Race: white Birthplace: Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Name of Wife or Husband: —

Father's Name: Thomas McDonough Father's Birthplace: Md.

Mother's Maiden Name: Nora Stanley Mother's Birthplace: "

Name of person giving information: Thomas McDonough How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

105

PHYSICIAN OR CORONER

Primary: Diarrhoea How long: 3 days

Immediate: Exhaustion How long: 24 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. Woodward M.D.

Address: Barnes Point Md.

Accident or Suicide?

Name in Full: John Mc Ginnis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Baltimore, Highandtown; County: Balto

Date of death 1908	Month	Day	Years	Months	Days
	June	11	Age 40	—	—

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male

Color or Race: White

Birthplace: Balto

Married, Single or Widowed: Single

Occupation: Merchant

Name of Wife or Husband: None

Father's Name: John Mc Ginnis

Father's Birthplace: Ireland

Mother's Maiden Name: Mary Caffley

Mother's Birthplace: Ireland

Name of person giving information: Miss Sarah Mc Ginnis

How related to deceased: Sister

CAUSES OF DEATH

50

PHYSICIAN OR CORONER

Primary: Diabetes Mellitus — How long: one year

Immediate: Diabetic Coma — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: M. J. McAvoy

Address: 838 - Canton St Baltimore Md

Accident or Suicide?

Chas. J. Evans
Cathedral Cemetery

Name In Full: Joseph A. MacGuire.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Highlandtown (Town) Balto (County)

Date of death 1908 — Month: June — Day: 4 — Years: 32 — Months: 4 — Days:

Sex: Male — Color or Race: White — Birthplace: Balto

Occupation: Printer — Where Residing if not at place of death: 247 Claremont Ave

Married, Single or Widowed: Single — Name of Wife or Husband: None

Father's Name: John MacGuire — Father's Birthplace: Ireland

Mother's Maiden Name: Sarah Loy — Mother's Birthplace: Ireland

Name of person giving information: John P. MacGuire — How related to deceased: Brother.

CAUSES OF DEATH

27

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 3 mos

Immediate: Bright's Disease Acute — How long: 2 mos

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. C. Dunkel

Address: 3 and Gough Highlandtown Md

Accident or Suicide? No

Name in Full: Elizabeth C. Mackbee

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Washington Rd — County: Baltimore Co.

Date of death: 1908 — Month: June — Day: 30 — Years: Age 62 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Baltimore Md

Occupation: Housewife — Where Residing if not at place of death: Washington Rd

Married, Single or Widowed: Married — Name of Wife or Husband: Jos. T. Mackbee

Father's Name: Zadok Walker — Father's Birthplace: Prince Geo. Co.

Mother's Maiden Name: Ella Cannikee — Mother's Birthplace: Balto. Md

Name of person giving information: Ellen E Keyser — How related to deceased: Daughter

CAUSES OF DEATH

120

PHYSICIAN OR CORONER

Primary: Bright's disease — How long: 5 months

Immediate: Pericarditis — How long: 6 days.

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: R V Glover

Address: Mt Winans Md.

Accident or Suicide?

Louden Park
July 2/08
Wm Cook
502 E Hartley

Name in Full: Nicholas Martin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Soldiers Delight — County: Balto

Date of death: Month: June — Day: 13 — 1908

Age: Years: 83 — Months: — Days: —

Sex: Male — Color or Race: white — Birthplace: Carroll Co. Md

Occupation: Shoemaker — Where Residing if not at place of death: —

Married, Single or Widowed: widower — Name of Wife or Husband: Hanna Martin

Father's Name: Dont know Unknown — Father's Birthplace: —

Mother's Maiden Name: " " Unknown — Mother's Birthplace: " "

Name of person giving information: John Synch — How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH (64)

Primary: Cerebral Hemorrhage — How long: Instant

Immediate: Paralysis — How long: Two weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: James Gorsuch M.D.

Address: Reisterstown

PHYSICIAN OR CORONER

~~Accident or Suicide~~

LIBRARY BUREAU A88516

Name in Full: Ida Merkle

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Reisterstown — County: Baltimore

Date of death: Month: June — Day: 21 — 1908

Age: Years: — Months: 3 — Days: —

Sex: Female — Color or Race: White — Birthplace: Baltimore Co

Occupation: Infant — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: William Merkle — Father's Birthplace: Md

Mother's Maiden Name: Agnes Swartz — Mother's Birthplace:

Name of person giving Information: Wm. Merkle — How related to deceased: Father

CAUSES OF DEATH

8

PHYSICIAN OR CORONER

Primary: Whooping Cough — How long: 3 wks

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H M Slade

Address: Reisterstown Md

Accident or Suicide?

Name in Full: Isaac Kylie Merson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Ardon (Town) — Baltimore (County)

Date of death: 1908 June 21 — Age: 28 (Years) — Months — Days

Sex: Male — Color or Race: White — Birthplace: Annapolis Junction

Occupation: Laborer — Where Residing if not at place of death: Jessups

Married, Single or Widowed: Married — Name of Wife or Husband: Osie Boyer Merson

Father's Name: Robert F Merson — Father's Birthplace: Montgomery Co

Mother's Maiden Name: Annie R Bryant — Mother's Birthplace: Unknown Co

Name of person giving information: father — How related to deceased: father

176

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Blow on head — How long

Immediate: Brain hemorage — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Robert L Clarke

Address: St Denis Md

probably murder

~~Accident or Suicide?~~

Dickens & sons
Laurel.

Name in Full: Louis Musserschmidt

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Middle River — County: Balto

Date of death 1908 — Month: June — Day: 1 — Age: Years 76 — Months 7 — Days 28

Sex: Male — Color or Race: White — Birthplace: Germany

Occupation: Farmer — Where Residing if not at place of death: —

~~Married, Single~~ or Widowed: Widower — Name of Wife or Husband: —

Father's Name: Geo Musserschmidt — Father's Birthplace: Germany

Mother's Maiden Name: Unknown — Mother's Birthplace: Germany

Name of person giving information: Chas I Magness — How related to deceased: Son in Law

CAUSES OF DEATH

79

PHYSICIAN OR CORONER

Primary: Valvular disease of heart — How long: Semi light

Immediate: Asthenia — How long: 2 mos.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John W Harrison MD

Address: Middle River Md

Accident or Suicide? no

Name in Full: Eugene Russell Mitchell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Winans; County: Baltimore

Date of death: 1908 Month: June Day: 21 Years: Age no Months: 6 Days: 5

TO BE ANSWERED BY NEAREST FRIEND

Sex: male Color or Race: colored Birthplace: Mt Winans

Occupation: none Where Residing if not at place of death: mt Winans

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: Thomas Mitchell Father's Birthplace: Baltimore

Mother's Maiden Name: Mary L. payne Mother's Birthplace: Baltimore

Name of person giving Information: Thomas Mitchell How related to deceased: father

150

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malformation How long: 6 months

Immediate: Acute Respiritis How long: 1 day.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R W Lane

Address: Mt Winans

Accident or Suicide?

md

O L Brown

Mt Auburn.

Name in Full: Mary Ella Murray (Mrs. Jerome Murray)

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Chestnut Ridge — County: Balto.

Date of death 1908 — Month: June — Day: 27 — Age: Years: — Months: 5 — Days: 29

Sex: Female — Color or Race: White — Birthplace: Balto. Md.

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: John Martin Murray — Father's Birthplace: Md.

Mother's Maiden Name: Maria Gavin — Mother's Birthplace: Ireland

Name of person giving information: Maria Murray — How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

105

Primary: Cholera Infantum — How long: 7 days.

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Wilmer C. Ewan M.D.

Address: Cockeysville Md.

Accident or Suicide? No

PHYSICIAN OR CORONER

To be buried June 29/08 at
St. Joseph. Cemetry, Texas, Md.
by E. D. Selby. T.

J. H. Bell.

Name in Full: James Murry

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Chestnut Ridge County: Balto.

Date of death 1905 Month: June Day: 28 Age Years: 8 Months: 6 Days: 30

Sex: male Color or Race: white Birthplace: Balto. Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: John Martin Murry Father's Birthplace: Md

Mother's Maiden Name: Maria Lavin Mother's Birthplace: Ireland

Name of person giving In formation: Maria Murry How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

105

Primary: Cholera Infantum How long: 7 days

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wilmer C. Emmer

Address: Cockeysville Md

Accident or Suicide? No

PHYSICIAN OR CORONER

Name in Full: Sobito D. Merzio

CERTIFICATE OF DEATH

MARYLAND

Died at: Section #6 Outfall Sewer (Town) Balto (County)

Date of death 1908: June (Month) 22 (Day) Age about 45 (Years) (Months) (Days)

Sex: Male Color or Race: White Birthplace: Italy

Occupation: Laborer Where Residing if not at place of death: 1429 Bank St

Married, ~~Single or Widowed~~ Name of Wife or Husband: Unknown

Father's Name: Unknown Father's Birthplace: Italy

Mother's Maiden Name: Unknown Mother's Birthplace: Italy

Name of person giving Information: Central Police How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

164

CAUSES OF DEATH

Primary: Broken Neck by accidental How long

Immediate: crushing of Freight Car How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. S. Coroner

Address: Luther Md.

Accident or Suicide: 3326 E. Balto St.

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 5-20--08

Wendell Dippel & Son

330 S. Bond St.
Balto. Md.

Name in Full: William Andrew Myers

CERTIFICATE OF DEATH

MARYLAND

Died at: Towson (Town) — Baltimore (County)

Date of death: 1908 — Month: June — Day: 21 — Age: Years 1 — Months 2 — Days 14

Sex: Male — Color or Race: Negro — Birthplace: Towson,

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Charles J. Myers — Father's Birthplace: Towson,

Mother's Maiden Name: Della Baker — Mother's Birthplace: Gardenville Md

Name of person giving information: Charles J. Myers — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

105

Primary: Inflammation of Bowels — How long: 6 days

Immediate: Convulsions — How long: One hour

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H A Jarrell

Address: Towson, Md.

Accident or Suicide? No

PHYSICIAN OR CORONER

Robt A. Elliott

Sandy Bottom Tavern

Name in Full: John Noppenberger

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cockeysville; County: Balto

Date of death: Month: June; Day: 24; 1908

Age: Years: 51; Months: 11; Days: 9

Sex: Male

Color or Race: White

Birthplace: Balto Co

Occupation: Laborer

Where Residing if not at place of death: Cockeysville

Married, ~~Single or Widowed~~

Name of Wife or Husband: Elizabeth Noppenberger

Father's Name: Conrad Noppenberger

Father's Birthplace: Prussia Germany

Mother's Maiden Name: Margaret Gumpert

Mother's Birthplace: " "

Name of person giving information: Elizabeth Noppenberger

How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

Primary: Pulmonary Tuberculosis — How long: 18 Months

Immediate: General failure of vital forces — How long: 3 Months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo E Benson

Address: Cockeysville Md

Accident or Suicide? No

Interment at Jasper
Saturday June 27

M. C Brooks

Name in Full: Milton Horace Mill

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Roland Park (Sta. D) County: Baltimore

Date of death 1908 Month: June Day: 7 Age Years: 50 Months: 6 Days: 28

Sex: Male Color or Race: White Birthplace: Allentown Pa.

Occupation: Minister P.E. Church Where Residing if not at place of death: Station E.

Married, Single or Widowed: Married Name of Wife or Husband: Margaret Saylor (Mill)

Father's Name: Daniel Mill Father's Birthplace: Pa.

Mother's Maiden Name: Anna Everhart Mother's Birthplace: Pa.

Name of person giving information: Margaret S. Mill How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever How long: 4 wks.

Immediate: Meningeal type Hypostatic congestion lungs How long: 3 days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Jas. H. Hoeffing.

Address: Sta. H. Balto Md

Accident or Suicide?

Interment in Lorraine Cemetery
June 9 1908

Stewart & Owen Co
Undertakers
215 Park ave
Baltimore Md.

Name In Full: Thomas O'Connell

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Westport — County: Baltimore

Date of death 1908 — Month: June — Day: 11 — Years: no — Months: 7 — Days: 5

Sex: Male — Color or Race: White — Birthplace: Westport

Occupation: None — Where Residing if not at place of death: Westport.

Married, Single or Widowed: infant — Name of Wife or Husband: infant

Father's Name: Darnell O'Connell — Father's Birthplace: Ireland

Mother's Maiden Name: Carrie Bentley — Mother's Birthplace: Baltimore

Name of person giving Information: Stephen O'Connell — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

93

Primary: Pneumonia — How long: 9 days.

Immediate: Cerebro Spinal Meningitis — How long: 3 days.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R. V. Glaum

Address: Fort Wrions Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Chip Hill

Bonnie Brae

Name in Full: Hugh O'Connor

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Canton — County: Balto. Co.

Date of death 1908 — Month: June — Day: 30 — Age: Years: 62 yrs — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Ireland

Occupation: None — Where Residing ~~if not~~ at place of death: #

Married, Single or Widowed: Widower — Name of Wife or Husband: Anna O'Connor

Father's Name: Hugh O'Connor — Father's Birthplace: Ireland

Mother's Maiden Name: Unknown — Mother's Birthplace: Ireland

Name of person giving information: James O'Connor — How related to deceased: Son

CAUSES OF DEATH

66

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 12 mos.

Immediate: Heat Exhaustion — How long: 1 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: M. J. McAvoy M.D.

Address: 839 S. Canton

Accident or Suicide?

John A. Moran.
Holy Cross
Cemetery.
July 3rd. /08

Name in Full: Benjamin O'Falleon

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Catonsville; County: Baltimore

Date of death: Month: June; Day: 30; 1908

Age: Years: 73; Months; Days

Sex: Male

Color or Race: White

Birthplace: Mo

Occupation: None

Where Residing if not at place of death: Va & St Louis

Married, Single or Widowed: Married

Name of Wife or Husband: Mary Carter O'Falleon

Father's Name: Not known

Father's Birthplace: Unknown

Mother's Maiden Name: " "

Mother's Birthplace: " "

Name of person giving information: Jno. Rusby given by Informant

How related to deceased: None

154

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Dementia with Arteriosclerosis

How long: Dementia 3 yrs Paralysis 1 month

Immediate: Hypostatic Congestion of lungs

How long: 12 hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Robert F. Lurry M.D.

Address: Catonsville Md

Accident or Suicide?

Name in Full: Mary Shipley Parks

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Texas (Town) Balto (County)

Date of death: 1908 Month: June Day: 21st

Age: Years: Months: 6 Days: 28

Sex: Female Color or Race: White Birthplace: Texas Md

Occupation: Infant Where Residing if not at place of death: —

Married, Single ~~or Widowed~~ Name of ~~Wife or Husband~~

Father's Name: William Gillmys Parks Father's Birthplace: Texas Md

Mother's Maiden Name: Anna Virginia Parks Mother's Birthplace: Texas Md

Name of person giving Information: Anna Virginia Parks How related to deceased: Mother

CAUSES OF DEATH

105

PHYSICIAN OR CORONER

Primary: Summer Diarrhoea How long: 4 days

Immediate: Gastro Enteritis How long: 12 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. W. R. Bryson

Address: Cockeysville Md

~~Accident or Suicide?~~

Interment at Jersey.

Tuesday June 23 rd.

M. C. Brooks

Name in Full: Newman Parks.

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Arlington. (County) Balto.

Date of death	Month	Day	Years	Months	Days
1908	June	25	—	—	3 hours

Age: —

Sex: Male. Color or Race: White. Birthplace: Arlington.

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Harvey Francis Parks. Father's Birthplace: Md.

Mother's Maiden Name: Jane Elizabeth Purdy. Mother's Birthplace: Md.

Name of person giving information: Harry F. Parks. How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

151

CAUSES OF DEATH

Primary: Not Full Term (Only 4½ months Pregnant). How long: 3 hours of life

Immediate: Apnea. How long: 3 hours.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: M. Toleo M.D.

Address:

Accident or Suicide?

PHYSICIAN OR CORONER

McKendree Cemetery

Jacob H. Kraft -

Name in Full: Grace S. Pfeffer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Reisterstown — County: Balto

Date of death 1908 — Month: June — Day: 6 — Age: Years 19 — Months 7 — Days 4

Sex: Female — Color or Race: White — Birthplace: Reisterstown

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: James B Pfeffer — Father's Birthplace: Reisterstown Md

Mother's Maiden Name: Irene E Fisher — Mother's Birthplace: Reisterstown

Name of person giving information: Minnie J Pfeffer — How related to deceased: Sister

CAUSES OF DEATH

79

PHYSICIAN OR CORONER

Primary: Cardiac Dilatation — How long: 3 yrs

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: N M Slade

Address: Reisterstown Md.

Accident or Suicide?

Buried at Rustburg

Name in Full: Thomas Newton Pierpoint

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville; County: Balto

Date of death: Month: June; Day: 20; 1908

Age: Years: 5; Months: 11; Days: 26

Sex: Male

Color or Race: White

Birthplace: Catonsville Md

Occupation: None

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Thomas N Pierpoint

Father's Birthplace: Md

Mother's Maiden Name: Mary Elinor Hoet

Mother's Birthplace: Md

Name of person giving information: Mary E Pierpoint

How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

61

Primary: Cerebro Spinal Meningitis — How long: 2 & hours

Immediate: Coma. — How long: 12 hr

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. L. Mallfeldt M.D.

Address: Catonsville Md

Accident or Suicide? —

PHYSICIAN OR CORONER

Name in Full: Infant Plummer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Relay — County: Baltimore

Date of death 1908: Month: June — Day: 9 — Years: Age 0 — Months: 0 — ~~Days~~: 1/2 hour

Sex: Male — Color or Race: White — Birthplace: Relay, Md.

Occupation: None — Where Residing if not at place of death: Relay, Md.

~~Married~~, Single or ~~Widowed~~ — Name of Wife or Husband: None

Father's Name: Nathan Wilmer Plummer — Father's Birthplace: Maryland

Mother's Maiden Name: Anna Rhoda Hoke — Mother's Birthplace: Maryland

Name of person giving Information: Mrs. N. W. Plummer — How related to deceased: Mother

176

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Face presentation - Prolapsed cord — How long: Few minutes

Immediate: Asphyxia from compressed cord — How long: Few minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. R. Eareckson

Address: Elk Ridge, Md.

Accident or ~~Suicide~~?

Frederick

William Tickner

o none

Name in Full: Mrs. Mary Theresa Poat X

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Longwood (County) Balto

Date of death 1908 June (Month) 19 (Day) Years 63 (Years) Months Days

Sex: Female

Color or Race: White

Birthplace: England

Occupation: Housekeeper

Where Residing if not at place of death

~~Married, Single or~~ Widowed

Name of Wife or Husband: Unknown

Father's Name: Unknown

Father's Birthplace: Unknown

Mother's Maiden Name: Unknown

Mother's Birthplace: Unknown

Name of person giving In formation: Dr. Wright Sudler

How related to deceased: Coroner

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

95

Primary: Heart Failure — How long: 2 Weeks

Immediate: Pulmonary Oedema — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wright L. Sudler M.D.

Address: 3326 E. Baltimore St Highland Town Md

Accident ~~or Suicide~~?

PHYSICIAN OR CORONER

From 7 Loney Lane

Remove 1052 Hartford Ave

Balto. Md.

Wm. Cook. Undertaker, —

Name in Full: Thomas Poey

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: St. Agnes Hospital — Town: — County: Baltimore

Date of death 1908 — Month: June — Day: 19 — Age: Years 56 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Illinois

Occupation: Solicitor — Where Residing if not at place of death: St. Agnes Hospital

Married, Single or Widowed: Married — Name of Wife or Husband: Unknown

Father's Name: Unknown — Father's Birthplace: Unknown

Mother's Maiden Name: Unknown — Mother's Birthplace: Unknown

Name of person giving information: Records St. Agnes Hospital — How related to deceased:

93

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Lobar Pneumonia — How long: 3 weeks

Immediate: Cardiac failure — How long: 5 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. P. Sandrock M.D.

Address: St. Agnes Hospital

Accident or Suicide?

Name in Full: Mary R Pochiere

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: 227 Lombard st (Town) (County) Baltimore

Date of death 1908 — Month: June — Day: 13 — Age: Years 6 — Months 10 — Days 13

Sex: Female — Color or Race: White — Birthplace: Balto County

Occupation: — Where Residing if not at place of death: at place of death

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Frank Pochiezer — Father's Birthplace: Balt. Md

Mother's Maiden Name: Rosalie Mc Gainey — Mother's Birthplace: Balt Md

Name of person giving Information: Rosalie Mc Gainey — How related to deceased: Mother

CAUSES OF DEATH

61

PHYSICIAN OR CORONER

Primary: Acute Meningitis — How long: 8 days

Immediate: Paralysis of Throat & Lungs — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E M Janney M D

Address: 304 Bank st E

Accident or Suicide?

John C. Schuh & Son.

Oak Lawn Cemetery -
June 15th / 1908 -

Name in Full: Bernard Punte

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Bay Shore Park (County): Balto.

Date of death: 1908 Month: June Day: 2 Years: 33 Months: Days:

Sex: Male Color or Race: White Birthplace: Germany

Occupation: Bridge builder Where Residing if not at place of death: 706 Clinton St. Balto.

Married, Single or Widowed: Married Name of Wife or Husband: Unknown

Father's Name: Unknown Father's Birthplace: Germany

Mother's Maiden Name: " Mother's Birthplace: "

Name of person giving information: Hugh Malholland How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

172

Primary: How long:

Immediate: Drowning How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jos Blair J. P.

Address: Sparrows Point Md.

Accident or Suicide? Accident

Name in Full: John Bernard Punte

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bay Shore Park; County: Balto

Date of death: Month: June; Day: 2nd; 190 8

Age: Years: 43; Months: 5; Days: 19

Sex: Male

Color or Race: White

Birthplace: Germany

Occupation: Bridge Worker

Where Residing if not at place of death: 706 N. Clinton St.

Married, Single or Widowed: Married

Name of Wife or Husband: Mary Krogmann

Father's Name: Henry Punte

Father's Birthplace: Germany

Mother's Maiden Name: Kate Tieman

Mother's Birthplace: " "

Name of person giving information: Mary Punte

How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

172

Primary: Accidental drowning — How long

Immediate: Bay Shore Park. — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jos. Blair Crowe

Address: Sparrows Point Balto Co. Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Sacred Heart Cemetery

June 5th 1908

Lilly + Zeiler.

Undertakers

Name in Full: Mary Quinn

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Baltimore Co Almshouse (Town, County)

Date of death: 1908 Month: 6 Day: 2

Age: about 65 yrs (Years, Months, Days)

Sex: Female

Color or Race: White

Birthplace: Germany

Occupation: Unknown

Where Residing if not at place of death: as above

Married, Single or Widowed: Unknown

Name of Wife or Husband: Unknown

Father's Name: Unknown

Father's Birthplace: Unknown

Mother's Maiden Name: Unknown

Mother's Birthplace: Unknown

Name of person giving In formation: Dr. T. C. Bussey

How related to deceased: None

33

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of Lymphatic Glands of neck + Lungs

How long: Do not Know

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. T. C. Bussey

Address: Texas Md.

Accident or Suicide? No

Geo M. Finch
811 N. Wolf St. city
St Joseph.
Cem. Texas

Name in Full: Sofia Robinsar

CERTIFICATE OF DEATH

MARYLAND

Died at: Colonville (Town) Balle (County)

Date of death: 1908 June 4th

Age: 41 Years

Months | Days

Sex: Female

Color or Race: White

Birthplace: Russia

Occupation: House wife

Where Residing if not at place of death: 612 Ewer St Bal

Married, ~~Single or Widow~~: Name ~~of Wife~~ or Husband: Isodor Robinsar

Father's Name: Larry

Father's Birthplace: Russia

Mother's Maiden Name: Dinah Kunr

Mother's Birthplace: Russia

Name of person giving information: Robinsar

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

53

Primary: Hodkins Disease — How long: Several years

Immediate: a process — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. Fred Adams

Address: Colonville

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Mary C. Rollins

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town)	J Bengies		(County) Balto		
Date of death 1908	Month: June	Day: 3	Age: Years 69	Months 3	Days
Sex: Female	Color or Race: white		Birthplace: Balto Co		
Occupation: H W		Where Residing if not at place of death: —			
Married, Single or Widowed: Married	Name of Wife or Husband: Wm T. Rollins				
Father's Name: William Durant			Father's Birthplace: Balto Co		
Mother's Maiden Name: Catherine Parks			Mother's Birthplace: Md		
Name of person giving information: William T. Rollins			How related to deceased: Husband		

79

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Disease of Heart	How long: 3 yrs
Immediate: Asthenia	How long: 6 mos
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: Jonathan Harrison M.D.
	Address: Middle River Md
Accident or Suicide? No	

Name in Full: Christiana Russel

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Morrell Park; County: Balto

Date of death 1908: Month: June; Day: 26; Age: Years 59; Months 8; Days —

Sex: female; Color or Race: white; Birthplace: Germany

Occupation: House mfr; Where Residing if not at place of death: —

Married, Single or Widowed: Married; Name of Wife or Husband: John P. Russel

Father's Name: John Schmidt; Father's Birthplace: Germany

Mother's Maiden Name: Margaret Lindauer; Mother's Birthplace: "

Name of person giving information: John Russel; How related to deceased: husband

CAUSES OF DEATH

104

PHYSICIAN OR CORONER

Primary: Pleurisy; How long: 3 mos

Immediate: Acute gastritis; How long: 6 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo. S. M. Kieffer

Address: Morrell Park

Accident or Suicide?

G. W. Dill

Western Cemetery

Name in Full: Thomas Alfred Ryan

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Yroko — Town; Baltimore — County

Date of death: 1908 — Month: 6 — Day: 27

Age: Years: 57 — Months: 10 — Days: 26

Sex: Male — Color or Race: White — Birthplace: Foreston Md

Occupation: Laborer — Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~: married — Name of Wife or ~~Husband~~: Mary Etta Ryan

Father's Name: Daniel Ryan — Father's Birthplace: Balto Co Md

Mother's Maiden Name: Susan Robison — Mother's Birthplace: " " "

Name of person giving information: Mary Etta Ryan — How related to deceased: Wife

CAUSES OF DEATH

64

PHYSICIAN OR CORONER

Primary: Apoplexy — How long: 3 weeks

Immediate: Heart Failure — How long: 24 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. M. Resh M.D.

Address: Hampstead Md

~~Accident~~ or ~~Suicide~~?

Name in Full: Walter Sapp

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Canton — County: Balt

Date of death: 1908 — Month: 6 — Day: 12 — Age: Years: — Months: — Days: Still birth

Sex: Male — Color or Race: White — Birthplace: Canton

Occupation: None — Where Residing if not at place of death: —

~~Married, Single or Widowed~~ — ~~Name of Wife or Husband~~

Father's Name: Walter Sapp — Father's Birthplace: Md

Mother's Maiden Name: Lillian Hagerty — Mother's Birthplace: Md

Name of person giving information: (Mother) Lillian Hagerty — How related to deceased: Mother

CAUSES OF DEATH

S

PHYSICIAN OR CORONER

Primary: Still birth — How long: Full term

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D.W. Jones M.D.

Address: 316 O'Donnell St

~~Accident or Suicide?~~

Trinity Cemetery
June 13/08
H. Sander Sons

Name in Full: Schmidt

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Canton — County: Balt

Date of death: Month 6, Day 27, 1908

Age: Years —, Months 8, Days —

Sex: Male

Color or Race: White

Birthplace: Canton

Occupation: None

Where Residing if not at place of death: —

~~Married~~, Single or ~~Widowed~~

Name of Wife or Husband: —

Father's Name: Joseph Schmidt

Father's Birthplace: Germany

Mother's Maiden Name: Mary Koslovski.

Mother's Birthplace: " "

Name of person giving Information: M. F. Sadowski.

How related to deceased:

CAUSES OF DEATH

105

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 4 days

Immediate: Exhaustion — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: David S. Jones M.D.

Address: 3116 Orformell St

~~Accident or Suicide?~~

M. F. SADOWSKI,
703 S. ANN ST.
BALTIMORE; MD.

Holy Rosary.

JUN 28 1908

Name in Full: Wm Schramm.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Raspburg — County: Balto

Date of death 1908 Month: June — Day: 26 — Age: Years: 60 yrs — Months — Days

Sex: Male — Color or Race: White — Birthplace: Germany

Occupation: Stone Cutter — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or ~~Husband~~: Matilda Schramm wife

Father's Name: Unknown — Father's Birthplace: Unknown

Mother's Maiden Name: " — Mother's Birthplace: "

Name of person giving Information: Matilda Schramm — How related to deceased: Wife

13

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Nostras — How long: 36 hrs.

Immediate: Collapse — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. L. Wilkinson

Address: Raspeburg, Md.

Accident or Suicide? Neither

Christian Miller
2334 Jefferson St

Immanuel Cemetary

June 29/08

Name in Full: George Franklin Selig

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton; County: Balt

Date of death 1908	Month	Day	Years	Months	Days
	6	26	—	8	—

Age: —

Sex: Male

Color or Race: White

Birthplace: Canton

Occupation: None

Where Residing if not at place of death: —

~~Married, Single or Widowed~~

Name of Wife or Husband: —

Father's Name: John Selig

Father's Birthplace: Md

Mother's Maiden Name: Katie U. Sipes

Mother's Birthplace: Md

Name of person giving information: ~~Madelaine Sipes~~

How related to deceased: Grandmother

CAUSES OF DEATH

105

Primary: Cholera Infantum — How long: 5 days

Immediate: Exhaustion — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: D. W. Jones M.D.

Address: 3116 Dillwell St

Accident or Suicide? —

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Zikler + Zikler
1739 E. Cager

Cedar Hill Cemetery
June 28-08

Name in Full: James A Shaffer

CERTIFICATE OF DEATH

MARYLAND

Died at: Near Mt Zion (Town) Baltimore (County)

Date of death 1908 — Month: June — Day: 25

Age — Years: — Months: 4 — Days: 6

Sex: Male — Color or Race: White — Birthplace: Near Mt Zion

Occupation: Non — Where Residing if not at place of death: At Home

Married, Single or Widowed: Single — Name of Wife or Husband: Non

Father's Name: James H Shaffer — Father's Birthplace: Boring

Mother's Maiden Name: Rosa M Bosley — Mother's Birthplace: Mt Zion

Name of person giving Information: James H Shaffer — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

92

Primary: Bronchio Pneumonia — How long: 2 days

Immediate: Heart failure — How long: 8 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. F. Richards

Address: Hampstead

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Infant. Simmons

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Chestnut Ridge — County: Balto

Date of death 1908	Month	Day	Years	Months	Days
	6	16	Age		

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: George Simmons — Father's Birthplace: Md

Mother's Maiden Name: Susan B. Baublitz — Mother's Birthplace: Md.

Name of person giving Information: George Simmons — How related to deceased: father.

S

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still Birth. — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Milner C. Ensor M.D.

Address: Cockeysville Md.

Accident or Suicide? No

Buried at Grace M. E. Church
Yard. Chestnut Ridge - by
father Geo. Summers
Cockeysville Md.
R. H. L.

June 16/68 -

Name in Full: Rudy Smith

CERTIFICATE OF DEATH

MARYLAND

Died at #3 Hospital Canton Town, Balto. County

Date of death 1908 Month: June Day: 19 Years: 21 about Months: – Days:

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male Color or Race: White Birthplace:

Occupation: Lemonter Where Residing if not at place of death: 1522 Spring St

~~Married~~ Single ~~or Widowed~~ Name of Wife or Husband:

Father's Name: Unknown Father's Birthplace: Unknown

Mother's Maiden Name: Unknown Mother's Birthplace: Unknown

Name of person giving In formation: Unknown How related to deceased: Unknown

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Fracture of Skull How long: 164

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. L. Cooper

Address: 3426 E. Balto St

Accident ~~or Suicide~~?

Robt. T. Turner. –
1442 N. Broadway.

Remove to
1442 N. Broadway.

Vol. 66.

Name in Full: Bernard Snyder

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Highlandtown ~~County~~ Balto. Co.

Date of death 1 90: Month: June; Day: 27; Years: ; Age — Months: 4; Days:

Sex: Male; Color or Race: White; Birthplace: Balto

Occupation: —; Where Residing if not at place of death: 3706 Lombard

Married, Single or Widowed: Single; Name of Wife or Husband: Margaret Snyder

Father's Name: Samuel Snyder; Father's Birthplace: Balto

Mother's Maiden Name: Margaret Oberung; Mother's Birthplace: Balto

Name of person giving information: Margaret Snyder; How related to deceased: Mother

105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum; How long: 10 days

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: A. J. Wagner

Address: 1120 Highland Ave

Accident or Suicide? No

John J. Falvey + Son
No 53 William St
City
Cedar Hill Cem.
+ A. Co.

Name in Full: Mrs. Bertha Souder.

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Baltimore (County): Balto.

Date of death: 1908 Month: 6 Day: 16 Age: Years 42 Months 3 Days 1

Sex: Female Color or Race: White (Amer) Birthplace: Baltimore

Occupation: Housewife Where Residing if not at place of death: 1706 Ramsey St.

Married, ~~Single~~ or ~~Widowed~~: M. Name of Wife or Husband: John Souder.

Father's Name: George Wilhelm Father's Birthplace: Germany

Mother's Maiden Name: Margaret Blocher Mother's Birthplace: Germany

Name of person giving information: Geo. Sachenmayer How related to deceased: Husbrother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

118

Primary: Chronic Appendicitis - acute attack How long: 3 days (?)

Immediate: Peritonitis - Toxemia - How long: 7 days -

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Paul Preven MD

Address: St Agnes' Hospital Balto, Md.

Accident or Suicide? —

Name in Full: Elsie Spriddle

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Pimlico County: Baltimore

Date of death 1908 Month: June Day: 16 Age Years: 45 Months: do not know Days:

Sex: Female Color or Race: Colored Birthplace: Baltimore County

Occupation: Cook Where Residing if not at place of death: Pimlico

Married, Single or Widowed: Widow Name of Wife or Husband: William Spriddle

Father's Name: John Beander Father's Birthplace: Montgomery Co

Mother's Maiden Name: Hennie Porter Mother's Birthplace: Montgomery Co

Name of person giving information: Charles Beander How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

Instant death.

CAUSES OF DEATH

85

Primary: Natural - causes How long: recent

Immediate: Hemorrhage How long: instant

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~ Coroner: H. Holliday Emich

Address: Arlington, Md.

Found dead in bed.

Accident or Suicide? Accident

PHYSICIAN OR CORONER

undertaker

Robert A Elliott
506 Rogers Ave
Balto city

Bare Hill Cemetery

Name in Full: Helen Squires

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Mt Washington (County): Balt

Date of death: 1908 Month: June Day: 28

Age: Years: 1 Months: 4 Days:

Sex: Female Color or Race: White Birthplace: Md

Occupation: None Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: Joe Squires Father's Birthplace: Md

Mother's Maiden Name: Tate McMann Mother's Birthplace: Md

Name of person giving information: Joe Squires How related to deceased: Brother

105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum How long: 4 days

Immediate: Exhaustion How long: 12 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C H Burton

Address: Mt Washington

Accident or Suicide?

Holy Cross.
June 30/08.
Wm Cooke.

Name in Full: Catherine Squirrell

CERTIFICATE OF DEATH

MARYLAND

Town: Catonsville | County: Baltimore Co

Date of death: Month: June | Day: 20 | Years: 69 | Months: — | Days: —

Age

Sex: Female | Color or Race: Colored | Birthplace: Howard Co

Occupation: Cook | Where Residing if not at place of death: Carroll & Inc

Married, Single or Widowed: ~~Married~~ Widowed | Name of ~~Wife~~ or Husband: George Squirrell

Father's Name: Not known | Father's Birthplace: Not known

Mother's Maiden Name: Jane Whitney Manning | Mother's Birthplace: Howard Co

Name of person giving information: James Squirrell, Son | How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

66

Primary: Paralysis | How long: 3 Weeks

Immediate: Progressive heart failure | How long: one Week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Chas Mc Gill

Address: Catonsville Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Clayander Stenger

CERTIFICATE OF DEATH

MARYLAND

Died at: Highlandtown (Town) Balto (County)

Date of death: 1908 Month: 6 Day: 20

Age: Years: — Months: 6 Days: 10

Sex: Male

Color or Race: White

Birthplace: Balto. Co.

Occupation: None

Where Residing if not at place of death: 3507 Severing ave

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Jacob Stenger

Father's Birthplace: Germany

Mother's Maiden Name: Catherine Krantz

Mother's Birthplace: " "

Name of person giving In formation: Jacob Stenger

How related to deceased: Father

CAUSES OF DEATH

105

Primary: Cholera Infantum — How long: 1 week.

Immediate: Cardiac asthenia — How long: few hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. F. A. Glantz

Address: 41 Eastern Ave. E.

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Trinity Lum
J Herwig & Son
6/22/08

Name in Full: Catherine Stenkel

CERTIFICATE OF DEATH

MARYLAND

Died at: Highlandtown (Town) — Baltimore (County)

Date of death: 1908 June 22 (Month, Day)

Age: — Years; 6 Months; 22 Days

Sex: Female

Color or Race: White

Birthplace: Md.

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Jacob Stenkel

Father's Birthplace: Germany

Mother's Maiden Name: Catherine Bountz

Mother's Birthplace: —

Name of person giving Information: Catherine Stenkel

How related to deceased: Mother

105

CAUSES OF DEATH

Primary: Cholera Infantum — How long: 1 week

Immediate: Convulsions — How long: few hours

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Dr. F. A. Glantz

Address: 41 Eastern Ave. E.H.

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Trinity Cem
J Herwig & Son
6/24/08

Name in Full: Infant Stevenson

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Reisterstown (County): Balto

Date of death: 1908 Month: June Day: 10 Years: — Months: — Days: 1

Age: —

Sex: Female Color or Race: White Birthplace: Reisterstown

Occupation: — Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: Wm J Stevenson Father's Birthplace: Reisterstown

Mother's Maiden Name: Bessie M Becker Mother's Birthplace: Carroll Co Md

Name of person giving information: Wm J Stevenson How related to deceased: Father

CAUSES OF DEATH

150

PHYSICIAN OR CORONER

Primary: How long:

Immediate: Cyanosis How long: 20 hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: James Gorr

Address: Reisterstown Md.

~~Accident or Suicide?~~

Name in Full: Mrs. Tobitha Ann Stokes

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

	Town	County
Died at	Summit Point	Baltimore

Date of death 1908	Month	Day	Years	Months	Days
	June	4	Age 43	11	19

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Housewife — Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~ — Name of Wife or ~~Husband~~: Wm Stokes

Father's Name: Henry Evans — Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Evans — Mother's Birthplace: Md

Name of person giving Information: Wm Stokes — How related to deceased: Husband

CAUSES OF DEATH

120

PHYSICIAN OR CORONER

Primary: Cardiac Dilatation & Nephritis — How long: 7 months

Immediate: Uremic Poisoning — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. C. Eldred M.D.

Address: Summit Point Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88316

Name in Full: Strohmeyer, Gustavus.

CERTIFICATE OF DEATH

MARYLAND

Died at: Cleatonville (Town) Butte. (County)

Date of death 1908 Month: June Day: 16 Age: Years 74. Months Days

Sex: Male Color or Race: white Birth-place: Germany.

Occupation: Musician Where Residing if not at place of death: x

Married, Single or Widowed: Married Name of Wife or Husband: unk.

Father's Name: unk Father's Birthplace: unk

Mother's Maiden Name: unk Mother's Birthplace: unk.

Name of person giving In formation: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

120

Primary: Senile Dementia How long: 4 yrs

Immediate: Chronic Bright's Disease How long: 2 mos.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Percy Wade

Address: Cleatonville, Md

Accident or Suicide? No.

PHYSICIAN OR CORONER

Name in Full: Mrs Helen C. Simpson

CERTIFICATE OF DEATH

MARYLAND

Died at: Pikesville (Town) Balto (County)

Date of death: 1908 June (Month) 16th (Day)

Age: Years 26 Months — Days —

Sex: Female

Color or Race: White

Birthplace: Md

Occupation: Home - wife

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of Wife or Husband: Charles Simpson

Father's Name: Geo E Chaney

Father's Birthplace: Md.

Mother's Maiden Name: Annie Cecil

Mother's Birthplace: Md

Name of person giving information: Geo E Chaney

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

Primary: Pulmonary Tuberculosis — How long: 6 months

Immediate: Cardiac Anthenia — How long: Immediately

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. C. Smith

Address: Woodlawn Sta Md.

Accident or Suicide?

Oak Lawn Cemetery

J Henry Son

2108 Orleans St.

6/12/08

Name in Full: Robert Zeigler

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Buckeyville (Town) Baltimore (County)

Date of death: 1905 June 5th

Age: Years x Months x Days 24

Sex: Male

Color or Race: Black

Birthplace: Buckeyville Md

Occupation: x

Where Residing if not at place of death: x

Married, Single or Widowed: x

Name of Wife or Husband: x

Father's Name: George Zeigler

Father's Birthplace: Balto. Co. Md

Mother's Maiden Name: Satie E. Chandler

Mother's Birthplace: Virg.

Name of person giving information: Father George Zeigler

How related to deceased: Father

CAUSES OF DEATH

151

PHYSICIAN OR CORONER

Primary: Premature Birth — How long: 24 days

Immediate: General failure of vital forces — How long: 24 days

Are the name, age, sex, color, date and place correctly given above? 25

Signature of Physician: O. E. Burns

Address: Buckeyville Md

Accident or Suicide?

Interment at
Roots Mill Cemetery

W. C. Brooks

Name in Full: Henry Charles Frager

CERTIFICATE OF DEATH

MARYLAND

Died at: 216 S. First (Town) Baltimore (County)

Date of death: 1908 June (Month) 12 (Day)

Age: Years 5 Months 2 Days 14

Sex: Male

Color or Race: White

Birthplace: Balt. Co. Md.

Occupation: Scholar

Where Residing if not at place of death: 216 S. First St.

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Charles J. Frager

Father's Birthplace: Germany

Mother's Maiden Name: Emma Folson

Mother's Birthplace: Baltimore

Name of person giving Information: Charles J. Frager

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

61

Primary: Meningitis — How long: 2 weeks.

Immediate: Asthenia — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. C. Theiss M.D.

Address: 3038 E. Balto. Md.

Accident or Suicide? No

PHYSICIAN OR CORONER

124 Evangelical Lem.
June 15/08
H. Sander v. Ivrs

Name in Full: Unnamed Tredway

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Manor		(County) Balto			
Date of death 1908	Month 6	Day 26	Age — Years	Months —	Days —
Sex Male		Color or Race White		Birth-place Manor	
Occupation —		Where Residing if not at place of death —			
Married, Single or Widowed —		Name of Wife or Husband —			
Father's Name James T. Tredway				Father's Birthplace Baltimore	
Mother's Maiden Name Gertrude Parlett				Mother's Birthplace	
Name of person giving In formation James T Tredway				How related to deceased Farther	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary —	How long —
Immediate —	How long —
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. T. Payne
	Address Phoenix Md
Accident or Suicide?	

S

Name in Full (Tucker) Ella M

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Lutensville (Town) Butte. (County)

Date of death 1908 Month June Day 25 Age Years 50 Months Days

Sex Female Color or Race white Birthplace Maryland.

Occupation None Where Residing if not at place of death ×

Married, Single or Widowed Single Name of Wife or Husband ×

Father's Name William J. Tucker Father's Birthplace Md

Mother's Maiden Name Catherine E. Tucker Mother's Birthplace Md

Name of person giving In formation Charles A. Tucker How related to deceased Brother.

120

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Chronic Bright's Disease How long 3 mos.

Immediate Uremic Coma How long 4 hours.

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Percy Wade.

Address Lutensville, Md

Accident or Suicide? No

Name in Full: Grace Turnbaugh

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Freeland — County: Baltimore

Date of death: Month: June — Day: 30 — 1908

Age: ~~Years~~ – ~~Months~~ Still born ~~Days~~

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: George W. Turnbaugh — Father's Birthplace: Maryland

Mother's Maiden Name: Alice N. Palmer — Mother's Birthplace: Maryland

Name of person giving information: Geo. W. Turnbaugh — How related to deceased: Father

CAUSES OF DEATH

S

PHYSICIAN OR CORONER

Primary: Premature birth — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jos. S. Baldwin

Address: Freeland

Accident or Suicide?

Balto. Co.

Name in Full: Arietta Susan Jane Turner.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Washington; County: Baltimore

Date of death: Month: June; Day: 30; 1908

Age: Years: 73.; Months: —; Days: —

Sex: Female

Color or Race: black

Birthplace: Eastern Shore Md.

Occupation: none

Where Residing if not at place of death:

Married, Single or Widowed: widow

Name of Wife or Husband: ~~Amos Lowdr~~ John Rengore Turner

Father's Name: Amos Lowdr.

Father's Birthplace: Md.

Mother's Maiden Name: Nancy Denby

Mother's Birthplace: Md.

Name of person giving In formation: John Turner

How related to deceased: son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

169

Primary: Arteria sclerosis — How long: 3 y

Immediate: heat stroke — How long: 6 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: William J. Todd

Address: Mt Washington Md

Accident or Suicide?

PHYSICIAN OR CORONER

St. John's Church. Ruxton

July 2/1908

N. S. Marshall

3539 Falls Road

Name in Full: Eli Walker

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Buhls (County): Balto

Date of death 1908: Month: June Day: 26

Age: Years: 66 Months: 9 Days: 29

Sex: Male Color or Race: White Birthplace: Md

Occupation: Farmer Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or Husband: Elizabeth Walker

Father's Name: Joseph Walker Father's Birthplace: Md

Mother's Maiden Name: Agnes Smith Mother's Birthplace: Pa

Name of person giving In formation: Elizabeth Walker How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

PHYSICIAN OR CORONER

Primary: Tuberculosis How long: 18 months

Immediate: Tuberculosis How long: 18 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo F Byrne

Address: New Freedom Pa

Accident or Suicide?

Name in Full: Malcolm Ward

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt. Washington; County: Baltimore

Date of death 1908: Month: June; Day: 20; Years: 13; Months: don't know; Days:

Age

Sex: Male; Color or Race: White; Birthplace: New Jersey

Occupation: Student; Where Residing if not at place of death: Mt. Washington

Married, Single or Widowed: Single; Name of Wife or Husband: None

Father's Name: John E. Ward; Father's Birthplace: England

Mother's Maiden Name: Mamie Kingsland Ward; Mother's Birthplace: Alabama

Name of person giving Information: Lachlan McD. Ward; How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

172

Primary: Accidental drowning; How long: immediate

Immediate: accidental drowning; How long: immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Holliday Emich

Address: Arlington, Md.

Accident or Suicide? Accident

Acting Coroner

PHYSICIAN OR CORONER

Henry M. Jenkins & Sons Co

Funeral Tuesday June 23rd

for New Cathedral Cem.

Name in Full: James Robert Warner

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Park Heights; County: Baltimore

Date of death	Month	Day	Years	Months	Days
1908	6	18	Age 0-2		

Sex: Male | Color or Race: White | Birthplace: Maryland.

Occupation: Real estate | Where Residing if not at place of death: Park Heights ave.

Married, ~~Single or Widowed~~: married | Name of Wife or ~~Husband~~: Anna Denslaw.

Father's Name: Frank A. Warner | Father's Birthplace:

Mother's Maiden Name: Jarvis | Mother's Birthplace:

Name of person giving information: Anna Warner | How related to deceased: Wife

CAUSES OF DEATH

120

PHYSICIAN OR CORONER

Primary: Nephritis | How long: Unknown

Immediate: Uremia | How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. H. Hardesty

Address: 515 E. Baltimore

Accident or Suicide?

Name in Full: Infant of Mr & Mrs Simon Warner

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Fullerton (County): Balto

Date of death 1908 Month: June Day: 4 Years: Age Months: Days: 6

Sex: Male. Color or Race: Negro Birthplace: Fullerton

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: Simon Warner Father's Birthplace: Md.

Mother's Maiden Name: Miss Billie Hawkins Mother's Birthplace: Md.

Name of person giving information: Simon Warner How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

71

Primary: How long:

Immediate: Convulsions. How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Dr Wm F. Clay Lord

Address: Overlea

Accident or Suicide?

PHYSICIAN OR CORONER

Md

F. Lassahn & Sons

Warner Home Cemetery

Name in Full: Joseph E. Warner.

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Baltimore. County: Baltimore.

Date of death: 1908 Month: June Day: 2 Years: 48 Months: — Days: —

Sex: Male Color or Race: White Birthplace: Baltimore

Occupation: Bartender Where Residing if not at place of death: Havre de Grace

Married, Single or Widowed: Married Name of Wife or ~~Husband~~: Margaret Bell

Father's Name: Joseph Warner Father's Birthplace: Germany

Mother's Maiden Name: Unknown Mother's Birthplace: "

Name of person giving information: Frank Warner How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

56

Primary: Delirium Tremens How long: Two Days

Immediate: Uraemia How long: 12 hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Aleck P. Harrison M.D.

Address: St. Agnes Hospital Balto Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Wiley Albert

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Catonsville (Town) Baltimore (County)

Date of death: 1908 Month: June Day: 25 Age: Years 18 Months Days

Sex: Male Color or Race: White Birthplace: Maryland

Occupation: None Where Residing if not at place of death: X

Married, Single or Widowed: Single Name of Wife or Husband: X

Father's Name: Unk Father's Birthplace: Unk

Mother's Maiden Name: Unk Mother's Birthplace: Unk

Name of person giving information: — How related to deceased: —

CAUSES OF DEATH

69

PHYSICIAN OR CORONER

Primary: Epileptic Insanity How long: Life

Immediate: Status Epilepticus How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Percy Wade

Address: Catonsville, Md.

Accident or Suicide? No

Name in Full: Williams

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Raspeburg | County: Baltimore

Date of death: Month 6 | Day 29 | 1908

Age: Years 0 | Months 1 | Days 29

Sex: F. | Color or Race: N. | Birthplace: Raspeburg, Md.

Occupation: — | Where Residing if not at place of death: —

Married, Single or Widowed: — | Name of Wife or Husband: —

Father's Name: Charles H. Williams | Father's Birthplace: Balto. Md.

Mother's Maiden Name: Margaret, List. | Mother's Birthplace: Balt. Md.

Name of person giving information: | How related to deceased:

151

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus | How long: months 29d.

Immediate: Exhaustion | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. L. Wilkinson

Address: Raspeburg, Md.

Accident or Suicide? —

Name in Full: James William

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Balto. Co. County: Cushmose

Date of death: 1908 Month: 6 Day: 26 Years: 18 Months: — Days: —

Sex: Male Color or Race: Colored Birthplace: Unknown

Occupation: not any Where Residing if not at place of death: as above

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: unknown Father's Birthplace: unknown

Mother's Maiden Name: unknown Mother's Birthplace: unknown

Name of person giving In formation: Dr. T. C. Bussey How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

69

Primary: Epilepsy How long: more than

Immediate: Epileptic Convulsion How long: few years

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. T. C. Bussey

Address: Texas Md

Accident or Suicide? no

John Hopkins ~~Hopkins~~ Hospital

John Burns Sons. Towson Md.

Name in Full: Turner Wilson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Balto. Co. Almshouse (Town / County)

Date of death: 1908 | Month: 6 | Day: 20 | Years: 70 | Months: — | Days: —

Sex: Male | Color or Race: Negro | Birthplace: Virginia

Occupation: Laborer | Where Residing if not at place of death: as above

~~Married, Single~~ or Widowed | Name of Wife or Husband: unknown

Father's Name: unknown | Father's Birthplace: unknown

Mother's Maiden Name: unknown | Mother's Birthplace: unknown

Name of person giving Information: Dr. T. C. Bussey | How related to deceased: None

CAUSES OF DEATH

154

PHYSICIAN OR CORONER

Primary | How long: about 3 mos.

Immediate: Debility incidental to old age | How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. T. C. Bussey

Address: Texas Md.

Accident or Suicide? No.

Jane Burns Sons

Removal to

Anatomical Board

Baltimore City

Name in Full: Beulah Walford ~~[illegible]~~

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Healthop (Town) ~~[illegible]~~ County: Baltimore

Date of death 1908: Month: June; Day: 20; Years: 6 months; Months: —; Days: —

Sex: Female; Color or Race: Black; Birthplace: Healthorpe

Occupation: None; Where Residing if not at place of death:

Married, Single or Widowed: ; Name of Wife or Husband: ~~Delaware~~

Father's Name: Sam'l L Walford; Father's Birthplace: Delaware

Mother's Maiden Name: Matilda Brooms ~~[illegible]~~; Mother's Birthplace: Chas Co

Name of person giving information: Father; How related to deceased:

CAUSES OF DEATH

105

PHYSICIAN OR CORONER

Primary: Enteritis; How long: 15 days

Immediate: Debility; How long:

Are the name, age, sex, color, date and place correctly given above? They are

Signature of Physician:

Address: Cerritanper. M D.

Accident or Suicide? neither.

LIBRARY BUREAU A58618

Cowan & Gill
Mt Zion

Name in Full: Henry Walter

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Boring — County: Balt —

Date of death 1908 — Month: 6 — Day: 20 — Years: 84 — Months: 4 — Days: 6

Sex: Male — Color or Race: white — Birthplace: Germany.

Occupation: Retired shoemaker — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: Maggie L. Fisher

Father's Name: Unknown — Father's Birthplace: Unknown

Mother's Maiden Name: Unknown — Mother's Birthplace: Unknown

Name of person giving information: Jas A Wilson — How related to deceased: Brother in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

64

PHYSICIAN OR CORONER

Primary: Apoplexy — How long:

Immediate: Paralysis — How long: Suddenly

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jas A Wilson

Address: Fowblesburg Md

~~Accident or~~ Suicide?

Name in Full: Caleb Young

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Granite (Town) Balto (County)

Date of death: 1908 June (Month) 12 (Day)

Age: Years 71 Months — Days —

Sex: male

Color or Race: white

Birthplace: Ind.

Occupation: Laborer

Where Residing If not at place of death: Same —

Married, ~~Single~~ or ~~Widowed~~: married

Name of Wife or Husband: Martha Young

Father's Name: Dont Know

Father's Birthplace: Dont Know

Mother's Maiden Name: Dont Know

Mothar's Birthplace: Dont Know

Name of person giving In formation: Walter Young

How related to deceased: Son

27

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 4 years

Immediate: Asthma (Cardiac) — How long: few hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. F. Thiepe

Address: Granite Md

Accident or Suicide? —

Name in Full: Unknown

CERTIFICATE OF DEATH

MARYLAND

Died at: Body at 1st St & Philard — Town — County: Balto

Date of death: 1908 — Month: June — Day: 30 — Years: Age about 27 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Unknown

Occupation: Unknown — Where Residing if not at place of death: Unknown

Married, Single or Widowed: Unknown — Name of Wife or Husband: Unknown

Father's Name: Unknown — Father's Birthplace

Mother's Maiden Name: Unknown — Mother's Birthplace

Name of person giving information: Unknown — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

164

CAUSES OF DEATH

Primary: Fractured Skull struck by — How long

Immediate: Rail Road train, P.B. & W.R.R. — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. L. Sudler M.D. Coroner

Address: 3326 E. Balto St

Accident or Suicide?

PHYSICIAN OR CORONER

Carlton Police
Ambulance.

John Hopkins & Hopkins,
City Morgue,

Sat. June 20/08,

Name in Full: Unknown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: St Denis; County: Baltimore

Date of death: 190 ; Month: June; Day: 1st; Years: ; Months: ; Days:

Age:

Sex: Male; Color or Race: White; Birthplace:

Occupation: About 5 foot; Where Residing if not at place of death: 6 inches tall

Married, Single or Widowed: ; Name of Wife or Husband: lbs in weight

Father's Name: Color of Hair (dark Brown); Father's Birthplace:

Mother's Maiden Name: wore full Blue suit, Mother's Birthplace: Cap

Name of person giving information: Color of skin very dark; How related to deceased:

looked like a ~~foreigner~~ (Glarian)

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

166

Primary: struck by Brake Chain #528 Engine #1335; How long:

Immediate: killed outright; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of ~~Physician~~ Coroner: Robert C Clarke

Address: St Denis Md

Accident or Suicide? Accident